

P. #

Rc 4/ASL

HWS $\frac{P}{\text{convert}}$
157 \rightarrow 3 lakhs

trg \rightarrow

IDP-2 (Ext.) / 10 towns \rightarrow 995 \rightarrow 106
(10 lakhs)

Awareness Generation
- Media Support
see program

Referral to
maternal clinic

Risk factor E 12/18

SUDA (Health)
359 3184 : Direct

$\frac{13 \times 10}{13 \times 10} = 10$

clause 339
Bm det 339
 \rightarrow 1972 of dis - 1105 - 2000
do not keep it 100%

Mif duty, Cmc \rightarrow Penal action
for water storage
at Mif-site
Construction

~~the list of~~
the list of (sanitary)
examined under
contact.

A Hand 2
BY SPECIAL MESSENGER

BY FAX

GOVERNMENT OF WEST BENGAL
DEPARTMENT OF MUNICIPAL AFFAIRS
WRITERS' BUILDINGS, CALCUTTA.

2627
- 2 DEC 1999
STATE OF WEST BENGAL

No. : 751(4)/MA/O/C-5/CC/24-1/99. Dated : 1st December, 1999.

From : A.K. Datta,
Deputy Secretary to the
Government of West Bengal.

To : (1) Sri A. Barman, IAS,
Municipal Commissioner,
Calcutta Municipal Corporation,
5, S.N. Banerjee Road,
Calcutta-700013.

(2) Dr. Sujit Ghosh,
Chief Municipal Health Officer,
Calcutta Municipal Corporation,
5, S.N. Banerjee Road,
Calcutta-13.

(3) Dr. B. Bhattacharjee, Chief of Health, IPP VIII
Sector, CMDA, Unnayan Bhawan, Block 'G', 3rd floor,
Salt Lake, Calcutta-700091.

(4) Dr. R.N. Kar,
Advisor (Health),
SUDA.

Sub : Meeting of the Standing Committee of the M.B.L.A. on
Urban Development, Municipal Affairs, Housing, Public
Works and Tourism, West Bengal Legislative Assembly
at 1 P.M. on 06-12-1999.

Sir,

I am directed to inform that the Standing Committee on Urban Development, Municipal Affairs, Housing, Public Works, and Tourism, West Bengal Legislative Assembly will meet on 6-12-99 at 1 P.M. in the Bejoy Kumar Banerjee Hall, Assembly House, Calcutta to have a detailed discussion on the recent spurt of Malaria in West Bengal.

I am, therefore, directed to request you kindly to make it convenient to attend the aforesaid meeting positively on 6-12-99 at 1 P.M. with necessary papers and fully prepared.

Yours faithfully,

A.K. Datta
Deputy Secretary.

SUDA

STATE URBAN DEVELOPMENT AGENCY

"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal

Ref No.....SUDA/15/98 (Pt-II)/220

Date...26.11.99...
3.12.99.

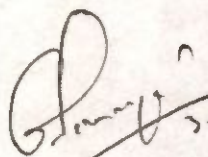
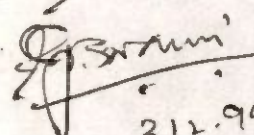
From; Adviser(Health)
SUDA

To: The Chief, IPP-VIII,
CMDA, Unnayan Bhavan,
Calcutta.

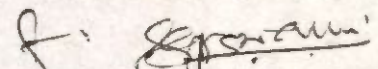
Sir,

I do hereby authorise Sri Gautam Sanyal, Asst.
Statistician, Health Wing, SUDA to take supply of 500 nos.
Training Manual for Honorary Health Worker.

Signature of Sri G. Sanyal is attested hereunder.


3.12.99.

3.12.99.

Yours faithfully,


Adviser(Health)

3.12.99.

SUDA

STATE URBAN DEVELOPMENT AGENCY

"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal

Ref No.....SUDA/15/98(Pt-II)/ 219

Date ~~26.11.99~~.....
3.12.99.

From: Adviser(Health)
SUDA

To: The Chief, IPP-VIII
CMDA, Unnayan Bhavan,
Calcutta.

Sub: Requisition for 500 nos.(five hundred)
only Training Manual for Honorary Health Worker.

Sir,
500 copies of Training Manual for HHWs would be
required for training of Health Man-power under IPP-VIII(Extn)

May I therefore request you kindly to make necessary
arrangements for getting the supply of said nos. of HHWs
Training Manual.

Yours faithfully

for - [Signature]
Adviser(Health) 3.12.99
SUDA

HIGHLIGHTS OF CURRENT STATUS OF IPP – VIII EXTN.

HEALTH MAN-POWER :

At Block Level :

- * Identification and training of HHWs in all the ten towns almost completed.
 - Out of 1405 HHWs 1289 already identified , trained and in position.
 - The remaining HHWs are awaiting training.

At H.P. Level :

- * Out of 70 part time Medical Officers 36 identified – 7 already engaged & others awaiting engagement.

Management & Supervision Cell at ULBs Level :

- * Out of 10 AHOs - 2 engaged. Remaining identified, engagement awaiting green signaling of the Project by Govt. of India.

Management & Supervision Cell at Head quarter Level :

- Out of required 14 posts, 4 posts have been filled in on temporary basis.

HEALTH FACILITIES :

- * Out of 35 HPs - 20 identified & 7 functioning in temporary accommodation
- * Out of 250 SHPs - 105 identified & 41 functioning

HEALTH SERVICES :

- * Universal baseline survey by HHWs already completed in 8 towns. In the remaining 2 town, this will be completed by the end of November, 1999.
- * Data collection, compilation, tabulation & analysis already completed in 2 towns.
- * Awareness programme on Health, MCH & FW initiated in all 10 towns through inter-personal meets and media deployment, both.
- * Maternal care, Immunisation programme, FW Services started.

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IPR-8 (Extra) : Civil Construction.

[Site Selection ^{Stahs} / Permissive possession]

SL	V.L.B	Site Selection (Hs)		Permissive possession (for Nos)		R E M ARKS
		H.P.	ESOP & M.H.	H.P.	ESOP & M.H.	
1.	Burdwan	✓(5)	✓(1)	?		Tender invited
*2.	Sargeelip	✓(2)	✓(1)			
*3.	Jalpaiguri	✓(1)	✓(1)			* E.M.E.D Smt
*4.	Kharagpur	✓(4)	✓(1)			Site details to Sh. B. G., M.A. for dispatch to N.W. vide memo. no. M.E/3094 /45-42/98 dt. 8-7-98 *
*5.	Emp L & Bager	✓(2)	✓(1)			
*6.	Raipur	✓(2)	✓(1)			
*7.	Bahadur	✓(2)	✓(1)			
*8.	Atifur Rahman	✓(1)	✓(1)			
*9.	Sitipuri	✓(8)	✓(1)			
10.	Singapur	✓(8)	✓(2)			
		✓(35)				Tender invited

MB. Pl check no. - shd it be 1 & 2?

IPP-VIII(Extn)

Estimated expenditure during Jan-March, 2000.

	(Rs. in lakhs)			
	<u>S.C</u>	<u>HAU</u>	<u>Office</u>	<u>Total</u>
Equipments---	57.81	45.72	2.75	106.78
Furniture----	29.61	34.20	2.00	65.81
Medicines----	-	19.20		
Printing of---	-	66.24	-	66.24
Family Schedule				
Printed Materials		11.52		11.52
HHWs Kit Bag -	5.40	-	-	5.40
TOTAL:	334.45 *			334.45

Recurring expenditure per month.

1. At block level : 5.78
1.58 (block level meeting)
2. At SHP level : 2.82 (service charge)
: 1.41 (sundries)
3. At HAU level : 0.70 (hiring charge)
: 1.40 (sundries)
: 2.93 (honorarium)
4. At Mang. & Supv: 6.20 (salaries)
: 0.21 (hiring of vehicles)
: 1.76 (sundries)

TOTAL 24.79 ***

GRAND TOTAL : 408.85

[* + **]

	<u>Equipments</u>	<u>Furniture</u>	<u>Medicine</u>	<u>Priority of F. schedule</u>	<u>Rebated Materials</u>	<u>HHHS Kit Bag</u>	[in lakhs]
At S.C. level.	57.81	29.61	-	-	-	5.40	

At HAU Level	45.72 45.72	34.20	79.20	66.24	11.52	-	
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Office Level	2.75	2.00	79.20	66.24	11.52	5.40	TOTAL. 334.45
	<u>106.28</u>	<u>65.81</u>	<u>79.20</u>	<u>66.24</u>	<u>11.52</u>	<u>5.40</u>	

Recurring Expenditure per month. [in lakhs]

1. At Block level:	HHHS honorarium	5.78	Estimated expenditure From Jan 2000 - March (in lakhs)
	Block level meeting	1.58	
		2.82	
		-	

2. S.H.O level:	Service charge	-	334.45
	Sundries	1.41	74.37
		-	
		0.70	

3. HAU level:	Hiring charge	-	408.85
	Sundries	1.40	
		-	
		2.93	

4. Mang. & Supr.	Salaries	6.20
	Hiring of vehicles	0.21
	Sundries	1.76

TOTAL.	<u>24.79</u>
--------	--------------

	<u>Equipments</u>	<u>Furniture</u>	<u>Medicine</u>	<u>Print</u>
S.C. [@ 20,500/-] x 282	57.81	[@ 10,500/-] 29.61		

HAU. 36.	@ 1.27 lacs.	@ 95,000/-	@ 2.20 lacs.	@ 18
	45.72	34.20	79.2	66.2
	2.75	2.00		

Office

Printed materials.
0.32 lacs. x 36
= 11.52 lacs.

Block level -
H H Ws Laboratory. 1050 x 550/- = 5.78
Block level Meeting 1050 x 150/- = 1.58

S.C level -
Service charge - 282 x 1000/- = 2.82
Sundries. 282 x 500/- = 1.41

HAU level.

- Hiring charge	35 x 2000/- =	70
- Pt MO.	70 x 1400/- =	98
- STS	70 x 900/- =	63
- clerk cum storekeeper.	35 x 600/- =	21
- Attendant	= 70 x 450/- =	32
- sweeper	35 x 250/- =	09
Sundries.	35 x 4000/- =	140

Page. Sundries.

Mang. 2 Supr.
Stations at hpt level - 10 x 62,000/- = 6.20
Hiring of vehicles. 3 x 7,000/- = 21
Sundries. 11 x 16,000/- = 1.76

IPP-VIII (Ext)

NO. L 19012/7/98-APS (VOL.III)
GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
(DEPARTMENT OF FAMILY WELFARE)

New Delhi, October 21, 1999.

To

1. Ms. Rachel Chatterjee
Secretary (H&FW)
Health, Med. & FW Deptt.
Govt. of Andhra Pradesh
General Admn. Deptt.
AP Secretariat
4th floor, C Block,
Samatha Building
Hyderabad-500 022
2. Shri A. Sengupta
Secretary
Govt. of Karnataka
Health & FW Department
Multistoreyed Building
III stage, 1st floor,
Dr. B.R. Ambedkar Veedhi
Bangalore-560 001.
3. Shri Chandra Mohan
Secretary (Medical)
Govt. of NCT of Delhi
5, Shamnath Marg,
Delhi-110 054
4. Shri M.K.S. Jala
Secretary (FW)
Health & FW Deptt.
Govt. of West Bengal
Writers' Building
Calcutta-700001

Subject: World Bank assisted IPP-VIII Project - Extension and revision of Project cost.

Sir/Madam,

I am directed to refer to this Ministry's letter No.L.19012/31/92-APS, dated 6th August, 1993, conveying administrative approval of the Government of India to the implementation of the World Bank assisted VIIIth India Population Project in the four Cities of Bangalore, Calcutta, Delhi and Hyderabad w.e.f. 6th August, 1993, at a total cost of Rs. 223.37 Crores. The question of enhancement of the Project cost to meet the escalation in civil works, etc. and extension of the Project period up to 30th June, 2001 has been under consideration of the Government of India for quite some time.

2. I am now directed to convey the administrative approval of the Government of India for the extension of the Project period up to 30th June, 2001 and for revision of the Project cost from Rs.223.37 Cr. to Rs.276.06 Cr. for the on-going Project in

Contd....2/-

the four cities as per the following details:-

<u>Name of City</u>	<u>Original Cost</u>	<u>Revised Cost</u>
(Rs. in Crores)		
a. Bangalore	39.21	56.57
b. Calcutta	101.64	92.59 ✓
c. Delhi	47.25	73.84*
d. Hyderabad	35.15	53.06
**223.25		276.06

* Includes Rs.6.48 crores for 23 maternity homes and child welfare centres.

** Excluding allocation for Min. Health & F.W.

A statement giving component wise and City wise break up of the revised cost is enclosed.

3. The proposal for taking up additional cities and the States of Uttar Pradesh and Tamil Nadu for logistic progress under the World Bank assisted IPP-VIII Project is still under consideration of the Government of India and a decision is expected shortly.

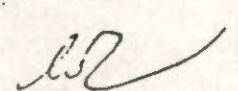
4. The revised cost for the individual cities would be met up to 90% by the Central Government and the remaining 10% would be borne by the respective Cities/States. The latter would also bear the recurring liabilities of the Project after the expiry of the project period.

5. The progress of the IPP-VIII Project will be monitored through monthly progress reports which would be submitted on every 10th of the following month. In addition, the monitoring of the progress of the Project will also be done through process indicators (copy enclosed) in the area of maternal health, immunisation, ORT, etc.

5. The expenditure involved will be met from within the sanctioned Budget Grant No. 41 Major Head 3601 Grants in Aid to State Governments 04 Grants for Centrally Sponsored Plan Schemes 04.243 FW - Selected Area Projects (including India Population Projects) 02 Externally Aided Component 02,00.31 Grants in aid (Plan).

6. This issues with the approval of the Finance Division vide their Dy. No.4866/99-DS(IF) dated 7.10.99.

Yours faithfully,


(E.J. JOS)

UNDER SECRETARY TO GOVT. OF INDIA

MATERNITY AND CHILD HEALTH CAREProcess Indicators

Indicator	At the start of the Project	At the end of each year of completion of the project		At the end of the Project
Number of Diarrhoea cases among children .				
* treated with ORT				
* Referred to Maternity centre/District Hospital				
ARI/Pneumonia cases among children				
* Treated				
* Referred to Maternity centre/District Hospital				
Family Planning Practices				
Number Practising:				
* Sterilisation				
* IUD				
* Conventional Contraceptive				
* Oral Pill				
* Any other				

INFRASTRUCTURE AND MANPOWER .

Process Indicators

Indicator	At the Start of the Project	At the end of each year of completion of the Project	At the end of the Project
1. <u>No. of Health Posts</u>			
-Without Doctors			
-Without ANMs			
2. <u>No. of Maternity Centre</u>			
-Without Doctors			
-Without facilities for safe delivery			
-With trained Doctors but without MTP equipment			
-With MTP facilities but without trained Doctors			

MATERNITY AND CHILD HEALTH CARE

Process Indicators

Population covered by the Health Post
Regular updating (Annual) of Eligible
Couple Register

Number of Eligible Couples

Number of women aged 15-49 years

Expected number of births

Number of children aged 0-5 years

Yes/No

Indicator	At the start of the Project	At the end of each year of completion of the project	At the end of the Project
- No. of Pregnant women			
- No. of MTPs			
- % early An registration (<20 weeks)			
- % detected as high risk pregnancies			
- % of high risk pregnancies referred to Maternity Homes/District hospital			
- % of AN mothers given TT			
- % of An mothers given IFA Tab.			
- % of AN mothers who completed three visits			
- % institutional deliveries			
- % of new born for which birth weight was taken within 24 hours after birth			
- % of live births with birth weight <2.5 Kg.			
- % of live births detected as high risk new born and referred			
- % of infants immunised			
*BCG			
*DPT			
*OPV			
*Measles			
*First dose of "Vitamin-A"			

IPP-VIII (Ext)

NO. L 19012/7/98-APS (VOL.III)
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(DEPARTMENT OF FAMILY WELFARE)

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<hr/>		<hr/>
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A statement giving component wise and City wise break up of the revised cost is enclosed.

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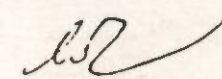
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5. The expenditure involved will be met from within the sanctioned Budget Grant No. 41 Major Head 3601 Grants in Aid to State Governments 04 Grants for Centrally Sponsored Plan Schemes 04.243 FW - Selected Area Projects (including India Population Projects) 02 Externally Aided Component 02,00.31 Grants in aid (Plan).

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Yours faithfully,


(E.J. JOS)

UNDER SECRETARY TO GOVT. OF INDIA

INFRASTRUCTURE AND MANPOWER

Process Indicators

Indicator	At the Start of the Project	At the end of each year of completion of the Project	At the end of the Project
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-Without ANMs			
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-Without facilities for safe delivery			
-With trained Doctors but without MTP equipment			
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MATERNITY AND CHILD HEALTH CARE

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 Number of children aged 0-5 years

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*BCG			
*DPT			
*OPV			
*Measles			
*First dose of "Vitamin-A"			

SUDA

STATE URBAN DEVELOPMENT AGENCY

"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal

Ref No. ...SUDA/15-98(Pt-II)/210

Date17.11.99...

From: Adviser(Health)
S. U. D. A

T0: The Project Director, IPP-VIII(Extn) &
Chief Executive Officer,
Durgapur-Asansol Development Authority/
Siliguri-Jalpaiguri Development Authority.

The Project Director, IPP-VIII(Extn.) & ADM-
Alipurduar/ Balurghat/ Burdwan/ Darjeeling/
Malda/ Jalpaiguri/ Kharagpur/ Raigang
Municipality.

Sub: Procurement of free medicine
for utilisation under IPP-VIII(Extn).

Sir,

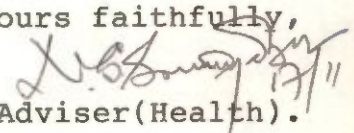
Medicines required for IPP-VIII(Extn) have not yet been
provided to you due to some cognate reasons.

However, for the present medicines required for HHWs'
Kit Bags and HPs/ SHPs may be procured from Govt./ other
sources free of cost.

This will facilitate smooth implementation of services
under the project.

Action taken in the matter may kindly be intimated
in due course.

Yours faithfully,


Adviser(Health).

Memo no. SUDA/15-98(Pt-II)/210(1)

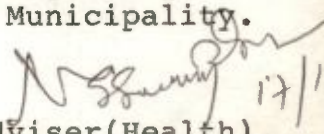
dated 17.11.99

C.C

The Mayor-Durgapur/ Siliguri Mpl. Corporation.

The Chairman-Alipurduar/ Balurghat/ Burdwan/ Darjeeling/
English Bazar/ Jalpaiguri/ Kharagpur/ Raigang Municipality.

-for kind information & necessary action.


Adviser(Health).

IPP-VIII File
Misc. File

Draft notice for engagement for Honorary Health Workers
by the Municipality/Corporation/Notified Area Authority
under Family Welfare Programme for urban slums in C.M.A.

The names appearing in this list have been selected by the Central Selection Committee set-up for engagement as Honorary Health Workers _____ Municipality/ Municipal Corporation/Notified Area to work as Honorary Health Workers under IPP-VIII Programme. Their service will be utilised as purely part-time voluntary workers on honorary basis for HAU - Unit No. _____, Municipality/ Municipal Corporation/ Notified Area.

Sl.No.	Name with father or husband's name and address of the candidates.	Block for which selected.
--------	--	------------------------------

1 - 35

The candidates are engaged as Honorary Health Workers for a period of 3 (three) months on the following terms & conditions:-

(a) They are engaged purely as part-time honorary workers at a fixed honorarium for performing specific duties indicated at (b) & (c) below.

(b) A fixed honorarium of Rs. ^{500/-}~~400/-~~ per worker per month will be paid on satisfactorily performing four types of work (@ Rs. ^{125/-}~~100/-~~ per work) on "No work no payment" basis. A contingent allowance of Rs. ^{50/-}~~30/-~~ per worker per month will also be paid.

(c) Specific duties to be performed are :-

- (i) Conduct of Baseline survey, maintenance of eligible couples register and family folders, motivation of Family Welfare and undertaking promotion of health education work and creation of Health awareness, improvement of environmental sanitation;
- (ii) Distribution of nutrition packets, oral re-hydration salt packets (ORS), common medicines and drawing of blood slides in fever cases;
- (iii) Immunisation work, assisting beneficiaries as well as other health workers in the work of extension of Health and Family Welfare and M.C.H. services, calling other health workers and doctor for treatment of patients;
- (iv) To promote and ensure referral services and ensure community participation.

(d) They will be liable to dismissal without assigning any reason and/or without any notice if they fail to perform their duties properly or due to circumstances which may not require their services.

(e) The engagement of Honorary Health Workers will not entitle them to any right to or guarantee for services of permanent, temporary or any other nature at any time in future.

(f) They are required to prepare and submit weekly reports on performance and if required to discharge other functions besides the duties noted in sub-para (c) above under instructions of their superiors for the interest of the programme.

(g) They will also abide by the rules and instructions which will be issued by the Authorities from time to time.

Chairman/Mayor,

Municipality/
Municipal Corporation/ Notifi-
ed Area Authority.

IPP-VIII (Ext)

NO. L 19012/7/98-APS (VOL.III)
GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
(DEPARTMENT OF FAMILY WELFARE)

New Delhi, October 21, 1999.

To

- | | |
|---|---|
| 1. Ms. Rachel Chatterjee
Secretary (H&FW)
Health, Med. & FW Deptt.
Govt. of Andhra Pradesh
General Admn. Deptt.
AP Secretariat
4th floor, C Block,
Samatha Building
Hyderabad-500 022 | 3. Shri Chandra Mohan
Secretary (Medical)
Govt. of NCT of Delhi
5, Shamnath Marg,
Delhi-110 054 |
| 2. Shri A. Sengupta
Secretary
Govt. of Karnataka
Health & FW Department
Multistoreyed Building
III stage, 1st floor,
Dr. B.R. Ambedkar Veedhi
Bangalore-560 001. | 4. Shri M.K.S. Jala
Secretary (FW)
Health & FW Deptt.
Govt. of West Bengal
Writers' Building
Calcutta-700001 |

Subject: World Bank assisted IPP-VIII Project - Extension and revision of Project cost.

Sir/Madam,

I am directed to refer to this Ministry's letter No.L.19012/31/92-APS, dated 6th August, 1993, conveying administrative approval of the Government of India to the implementation of the World Bank assisted VIIIth India Population Project in the four Cities of Bangalore, Calcutta, Delhi and Hyderabad w.e.f. 6th August, 1993, at a total cost of Rs. 223.37 Crores. The question of enhancement of the Project cost to meet the escalation in civil works, etc. and extension of the Project period up to 30th June, 2001 has been under consideration of the Government of India for quite some time.

2. I am now directed to convey the administrative approval of the Government of India for the extension of the Project period up to 30th June, 2001 and for revision of the Project cost from Rs.223.37 Cr. to Rs.276.06 Cr. for the on-going Project in

Contd....2/-

the four cities as per the following details:-

<u>Name of City</u>	<u>Original Cost</u>	<u>Revised Cost</u>
(Rs. in Crores)		
a. Bangalore	39.21	56.57
b. Calcutta	101.64	92.59 ✓
c. Delhi	47.25	73.84*
d. Hyderabad	35.15	53.06
**223.25		276.06

* Includes Rs.6.48 crores for 23 maternity homes and child welfare centres.

** Excluding allocation for Min. Health & F.W.

A statement giving component wise and City wise break up of the revised cost is enclosed.

3. The proposal for taking up additional cities and the States of Uttar Pradesh and Tamil Nadu for logistic progress under the World Bank assisted IPP-VIII Project is still under consideration of the Government of India and a decision is expected shortly.

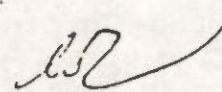
4. The revised cost for the individual cities would be met up to 90% by the Central Government and the remaining 10% would be borne by the respective Cities/States. The latter would also bear the recurring liabilities of the Project after the expiry of the project period.

5. The progress of the IPP-VIII Project will be monitored through monthly progress reports which would be submitted on every 10th of the following month. In addition, the monitoring of the progress of the Project will also be done through process indicators (copy enclosed) in the area of maternal health, immunisation, ORT, etc.

5. The expenditure involved will be met from within the sanctioned Budget Grant No. 41 Major Head 3601 Grants in Aid to State Governments 04 Grants for Centrally Sponsored Plan Schemes 04.243 FW - Selected Area Projects (including India Population Projects) 02 Externally Aided Component 02,00.31 Grants in aid (Plan).

6. This issues with the approval of the Finance Division vide their Dy. No.4866/99-DS(IF) dated 7.10.99.

Yours faithfully,


(E.J. JOS)

UNDER SECRETARY TO GOVT. OF INDIA

MATERNITY AND CHILD HEALTH CAREProcess Indicators

Indicator	At the start of the Project	At the end of each year of completion of the project		At the end of the Project
Number of Diarrhoea cases among children .				
* treated with ORT				
* Referred to Maternity centre/District Hospital				
ARI/Pneumonia cases among children				
* Treated				
* Referred to Maternity centre/District Hospital				
Family Planning Practices				
Number Practising:				
* Sterilisation				
* IUD				
* Conventional Contraceptive				
* Oral Pill				
* Any other				

INFRASTRUCTURE AND MANPOWER

Process Indicators

Indicator	At the Start of the Project	At the end of each year of completion of the Project	At the end of the Project
1. <u>No. of Health Posts</u>			
-Without Doctors			
-Without ANMs			
2. <u>No. of Maternity Centre</u>			
-Without Doctors			
-Without facilities for safe delivery			
-With trained Doctors but without MTP equipment			
-With MTP facilities but without trained Doctors			

MATERNITY AND CHILD HEALTH CARE

Process Indicators

Population covered by the Health Post
 Regular updating (Annual) of Eligible
 Couple Register
 Number of Eligible Couples
 Number of women aged 15-49 years
 Expected number of births
 Number of children aged 0-5 years

Yes/No

Indicator	At the start of the Project	At the end of each year of completion of the project		At the end of the Project
- No. of Pregnant women				
- No. of MTPs				
- % early An registration (<20 weeks)				
- % detected as high risk pregnancies				
- % of high risk pregnancies referred to Maternity Homes/District hospital				
- % of AN mothers given TT				
- % of An mothers given IFA Tab.				
- % of AN mothers who completed three visits				
- % institutional deliveries				
- % of new born for which birth weight was taken within 24 hours after birth				
- % of live births with birth weight <2.5 Kg.				
- % of live births detected as high risk new born and referred				
- % of infants immunised				
*BCG				
*DPT				
*OPV				
*Measles				
*First dose of "Vitamin-A"				

Highlights of the meeting of Health Officers
of 10 ULBs under IPP-VIII (Extn) held at
S U D A on 09.11.99

A meeting of the Health Officers of 10 ULBs under IPP-VIII (Extn) was convened at SUDA on 9.11.99 with Secretary M. A. Deptt on the Chair.

Secretary opened the meeting with reference to the IPP-VIII (Extn) stressing on the bench mark sample Survey. Adviser (Health) reviewed the current status of the Project in different ULBs.

Highlights of the action points was emerged as under;

1. Write-up on each ULB incorporating
 - i) History
 - ii) Geographical features.
 - iii) Demographic profile.
 - iv) Occupational pattern etc.
 2. Health status incorporating
 - i) Morbidity
 - ii) Mortality
 - iii) Prevalence of Communicable Diseases.
 - iv) Maternal & Child Health Programme.
 3. Current availability of Health Infrastructure.
 4. a). Map of the town showing geographical boundaries etc.
b) Map of the town showing location of slums.
- The above information (1) thro (4) should reach by 20.11.99.
5. Appointment of Health Officer at English Bazar/Siliguri by 20.11.99. (Action; JKC/SG).
 6. Temporary Health Posts be set-up by 30.11.99.
(Action; HOs/SG/RNK/JKC/BD).
 7. Part-Time MOs (@ 2 nos. per HPs) be engaged by 30.11.99.
(Action; JKC/RNK/SG/BD)
 8. Write to Project Directors for procuring free medicines
(Action & NG)
 9. Complete selection & training of HHWs (Action; HOs)
 10. Submission of U/C of fund received.
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Sharma
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Signature
10/11/99

It is understood that proposals for extension of terms of present Health Officers at Alipurduar Municipality and Kharagpur Municipality are pending with the Municipal Affairs Department for quite some time. IPP VIII Extension Programme has been launched at these towns. Health Officers play extremely important roles in implementation of IPP VIII Extension Programme.

Pending further processing of those proposals in the Department, concerned chairpersons may kindly be advised to extend the terms of existing Health Officers for one year. The terms and conditions for these appointments will remain the same.

28.10.99

*Dr. N. G. Gangopadhyay,
Adviser (H), SUDA*

N. G. Gangopadhyay
Adviser (Health),
S U D A

*Note above
Dr. R. N. Kar we may write to
Chairpersons of Alipurduar and Kharagpur municipality
accordingly to complete the process within
10 days. Informally and intimate us. The letter
may be issued "As directed by the Secy H.A. etc."
Pl put up the draft on 29.10.99*

28/10/99

*orders T. draft for. @ for forward of
kind approval.*

28/10/99

28/10

S. R. Kar

Adviser (H)

The posts of Health Officer at English Bazar, Raiganj and Siliguri are vacant at the moment. These three towns have been selected for implementation of IPP VIII Extension Programme. Health Officer plays the nodal role in IPP VIII Extension Programme. I understand some of these urban local bodies have already written to the Municipal Affairs Department for contractual appointment of Health Officers.

Pending examination of ^{these proposals in the} ~~this~~ Department, the three urban local bodies named above may be advised to take steps to fill up the vacancy of Health Officers on contract basis, within seven days, without fail. The eligibility criteria and terms of appointment for Health Officer are known to everybody. These stipulations should be observed while filling up the posts.

Dr. N. G. Gangopadhyay, Adviser (Health), SUDA, is requested to obtain proposals for post facto approval of the appointments to be made within seven days, from concerned ULBs and kindly submit it to the undersigned latest by the middle of November, 1999.

Dr. N. G. Gangopadhyay,
ADU (H), SUDA

Amr 25.10.99
Secretary
Department of Municipal Affairs
Government of West Bengal
&
Chairman
SUDA.

Notes above.

Dr. R.N. Kar may be the draft ^{like} on 29.10.99

orders ↑.

*draft placed below for
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Adviser (H)

28/10/99

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Adviser (H)

SUDA

STATE URBAN DEVELOPMENT AGENCY

"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal

Ref No. SUDA-15/98(Pt-II)/ 183

Date 28.10.99

From: Adviser (Health)

S. U. D. A

To : The Mayor, Siliguri Municipal Corporation.

The Chair Person, Raiganj/English Bazar Municipality.

Sub: Filling up the vacancy of Health Officer

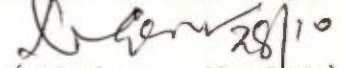
Sir,

The post of Health Officer for your U.L.B is vacant at the moment. Your town has been selected for IPP-VIII(Extension). Health Officer plays the nodal role in the said Project.

The undersigned is therefore directed by the Secretary, Deptt of Municipal Affairs, Govt. of West Bengal to advise you for taking steps to fill-up the vacancy of Health Officer on contract basis within seven days, without fail. The eligibility criteria and terms of appointment for Health Officer are known to you, and these stipulations should be observed while filling-up the post.

You are requested to submit such proposal to the u/s within 10th of November 1999 for post facto approval of the appointment by the Department.

Yours faithfully,


(Adviser, Health)

o/c

Contd.. 2/-

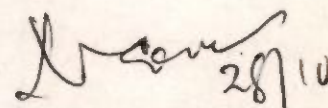
Memo No. SUDA-15/98(Pt-II)/183(1-3)

dated 28.10.99

C.C

1. C.E.O, Siliguri Jalpaiguri Development Authority & Project Director, IPP-VIII(Extn), Siliguri.
2. A.D.M Malda & Project Director, IPP-VIII(Extn), English Bazar.
3. A.D.M & Project Director, IPP-VIII(Extn), Raiganj .

- for kind information & necessary action.


Adviser (Health)

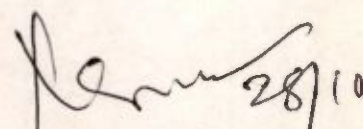
Memo no. SUDA-15/98(Pt-II)/183(4)

dated 28.10.99

C.C.

The Secretary, Deptt. of Municipal Affairs, Govt. of West Bengal - for favour of kind information. This is in reference to his (N.S) order dated 28.10.99.

O/c


Adviser (Health)

SUDA

STATE URBAN DEVELOPMENT AGENCY

"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal

Ref No. SUDA-120/96(Pt-II)/173

Date 13.10.99

From: Adviser (Health)
S. U. D. A

To: Mr. A. K. Mehera
Director (Area Projects)
Govt. of India
Ministry of Health & Family Welfare
Nirman Bhavan
New Delhi- 110 001

Sub: Supply of Monthly Physical & Financial
Monitoring Formats

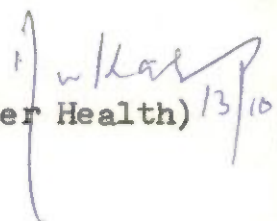
Sir,

Ref. is invited to this office communication vide Memo No. SUDA-120/96(Pt-II)/160 dated 23.9.99 requesting you to send specimen copies of Monthly Physical & Financial Formats for RCH Sub Project, Asansol.

The said formats have not yet been received by this end.

You are therefore requested to kindly send these formats through FAX at your earliest convenience.

Yours faithfully,


(Adviser Health) 13/10/99

SUDA

Attn: Mr. S. Samaddar

STATE URBAN DEVELOPMENT AGENCY

"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
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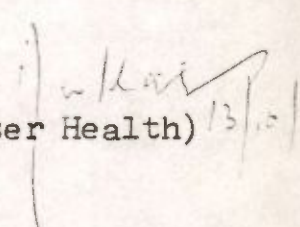
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Pending examination of ^{these proposals in the} this Department, the three urban local bodies named above may be advised to take steps to fill up the vacancy of Health Officers on contract basis, within seven days, without fail. The eligibility criteria and term of appointment for Health Officer are known to everybody. These stipulations should be observed while filling up the posts.

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Dr. N. G. Gangopadhyay,
ASU (H), SUDA

Amr 25.10.99
Secretary
Department of Municipal Affairs
Government of West Bengal
&
Chairman
SUDA.

Note above.

Dr. R.N. Kar may be the draft like 29.10.99

adviser ↑.

draft placed below for

from of kind approval.

to info (H)

28/10/99

28/10

All Communication to Government should give the Number, Date and Subject of any previous Correspondence and be addressed to the Secretary of the Department concerned.



Government of West Bengal

Municipal Affairs Department

Branch

No. 331-S/99

From : *The Secretary to the Govt. of West Bengal*

To : *The Secretary,
Calcutta Metropolitan Development Authority,
3A, Auckland Place, Calcutta.*

Dated Calcutta, the 27th August, 1999.

Madam,

Kindly refer to this Department's No.283-S/98 dated July 27, 1998, requesting you for placement of funds towards purchase of furniture and equipments for setting up of the offices of Project Directors at 10 towns and conducting Induction Training Programmes for HSWs as preparatory arrangements for launching IPP VIII (Extension) Project at ten towns. You were kind enough to endorse the request to Shri A.K. Mehra, Director in the Ministry of Health and Family Welfare in Government of India vide your No.CMDA/FW(US)/IPP VIII/N-11/96/Pt.11 dated July 28, 1998. The response of Mr. Mehra communicated vide No.L 19012/2/98-APS dated September 14, 1998, addressed to you was communicated to me on 21.10.98. We were advised by Shri Mehra to procure "training equipments and furniture for setting up the initial project offices ... out of the existing project funds before formal clearance of the project is conveyed to the State Government."

The offices of Project Directors, IPP VIII Extn. Project have already been set up at ten cities. After obtaining the consent of Government of India and in consultation with you, the Project Directors were advised to purchase furniture required for setting up their offices and forward the bills to the State Urban Development Agency for arranging reimbursement from CMDA. A list of furniture to be purchased was made available to you when I wrote to you on this matter on July 27, 1998.

For reasons not known to us, reimbursement claims of furniture and equipments purchased for setting up of the Project Office and training of HSWs at Raiganj and Alipurduar Municipalities have been returned to SUDA by

the Accounts Professional of IPP VIII advising Director, SUDA that the claims should be deferred till further instruction. This has created considerable confusion at SUDA. The authority of the said Accounts Professional to make direct correspondence to Director, SUDA, is not known to us. I wonder if the said Accounts Professional is aware that these purchases were made with full knowledge of the IPP VIII unit in CMDA after obtaining the consent of the Government of India.

I shall be grateful if you kindly look into the matter.

Yours faithfully,

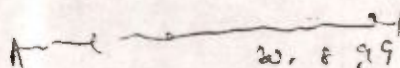
Sd/-

Secy. to the Govt. of West Bengal

No. 331-S/99 dated 27.8.99

Copy forwarded to :

✓ The Adviser (Health), State Urban Development
Auth Agency, HC Block, Sector-III, Ilgus Bhaban,
Salt Lake, Calcutta.

 20. 8. 99

Secy. to the Govt. of West Bengal

All Communication to Government should give the Number, Date and Subject of any previous Correspondence and be addressed to the Secretary of the Department concerned.



Government of West Bengal

Municipal Affairs Department

Branch

No. 331-S/99

From : The Secretary to the Govt. of West Bengal

To : The Secretary,
Calcutta Metropolitan Development Authority,
3A, Auckland Place, Calcutta.

Dated Calcutta, the 27th August, 1999.

Madam,

Kindly refer to this Department's No.283-S/98 dated July 27, 1998, requesting you for placement of funds towards purchase of furniture and equipments for setting up of the offices of Project Directors at 10 towns and conducting Induction Training Programmes for HSWs as preparatory arrangements for launching IPP VIII (Extension) Project at ten towns. You were kind enough to endorse the request to Shri A.K. Mehra, Director in the Ministry of Health and Family Welfare in Government of India vide your No.CMDA/FW(US)/IPP VIII/N-11/96/Pt.11 dated July 28, 1998. The response of Mr. Mehra communicated vide No.L 19012/2/98-APS dated September 14, 1998, addressed to you was communicated to me on 21.10.98. We were advised by Shri Mehra to procure "training equipments and furniture for setting up the initial project offices ... out of the existing project funds before formal clearance of the project is conveyed to the State Government."

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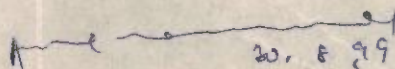
Sd/-

Secy. to the Govt. of West Bengal

No. 331-S²² dated 27.8.99

Copy forwarded to :

The Adviser (Health), State Urban Development
~~Auth~~ Agency, HC Block, Sector-III, Ilgus Bhaban,
Salt Lake, Calcutta.

 20. 8. 99

Secy. to the Govt. of West Bengal

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Attw
N. G. Gangopadhyaya
Hindustan Times 11.9.99

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SPORT

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DOUBLED

Urban slums outlay doubled on poll-eve

As expected, Cabinet approves 5% DA hike

HT Correspondent
New Delhi, September 10

THE VAJPAYEE Cabinet today cleared a proposal to hike the outlay towards health and family welfare of slum dwellers in Bangalore, Calcutta, Delhi and Hyderabad. The earlier outlay of Rs 223 crore has been almost doubled to Rs 422 crore.

The Cabinet also enhanced the Dearness Allowance (DA) by 5 per cent for all central government employees. A 5 per cent hike in dearness relief for pensioners has also been effected.

In effect, the DA has been hiked from 32 to 37 per cent of the basic pay. The new rates would be effective from July 1 this year. The hike in DA has been effected in consonance with recommendations of fifth pay commission, said an official spokesperson.

As a result of this hike in DA, the additional burden on the government in current financial would be Rs 1319 crore which includes Rs 341 crore towards dearness relief

to pensioners. In a full financial year, other wise, the additional outgo would have been Rs 1437 crore towards DA and Rs 512 crore towards dearness relief to pensioners.

Justifying this crucial decision amidst general elections, the government spokesperson said, this revision in DA was necessary as additional DA and relief was expected to be paid with salaries during months of March and September in any given year.

The Cabinet also approved the proposal for India to accede to convention on the marking of plastic explosives to enhance detectability of explosives and bombs to check terrorism against civilian aircraft. The Cabinet has also approved a proposal for accession to the IMO convention for suppression of unlawful acts against safety of marine navigation and protocol for suppression of unlawful acts and ensure safety of fixed platforms on the continental shelf.

Meanwhile, the government's decision to hike the DA of its

employees at a time when the country is in the election mode came in for criticism from the Opposition parties which termed it as a politically-motivated move.

However, the BJP defended the Cabinet decision on the ground that it was routine and the employees had merely been given what was due to them.

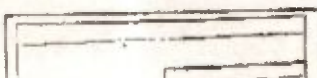
The Congress, while pointing out that the employees should have been given the DA hike much earlier, charged that the timing of the announcement was motivated to derive benefit in the elections.

CPM MP Nilotpal Basu opined that before making any announcement on such a matter, the EC should have consulted.

According to Nationalist Congress Party (NCP) spokesman Devendra Kumar Dalve, "this decision has crossed all limits of propriety. It is a matter of chagrin that the Vajpayee government is showing total disrespect to the conventions that govern the functioning of a caretaker government."

JD (U) nominee Dar escapes bid on life

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JD (U) nominee Dar escapes bid on life

SUDHIR TAILANG

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gh (right) and Jason Gillespie collide after an unsuccessful attempt to hold a catch in the outfield during the
inst Sri Lanka at the Asgiriya Stadium in Kandy, Sri Lanka, on Friday. The collision left Waugh with a bro-
ed leg bone. Both were later operated upon. (Report on page 19)

Hindujas deny charges

LONDON: The Hinduja Group on Friday denied involvement in the Bofors payoffs. The Group said the group had always been for "fair and proper investigations" into the allegations. In a press statement here it said, "The Group has always denied, and does so once again, that it has any relation with the Bofors gun deal. It emphatically states that it has not received any payments in relation to the Bofors gun deal or made payments to any person in relation to the gun deal."

► Detailed report on page 7

indiatimes.com POLL

YESTERDAY'S POLL RESULTS
Are foreign filmmakers avoiding India due to the Censor Board?

Yes	No	Can't say
70%	22%	8%

* The poll refers to the opinions of net users who choose to participate and not necessarily of the general public

TODAY'S QUESTION

Do you agree with the US remark that religious intolerance is becoming deep-rooted in India?

Become a Netizen: Exercise your vote every day in indiatimes Poll. To post your view, click message board in <http://www.indiatimes.com>
YOUR DAYWAY TO INDIA

Times of India : 11.9.99

Yes	No	Can't say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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YOU SAID IT by Laxman



Like your portrait, sir? Now it can go on the hoarding? Thank you, sir!

DA for Central staff hiked by five per cent

The Times of India News Service and Agencies

NEW DELHI: The Union Cabinet has decided to hike by five per cent dearness allowance (DA) to Central government employees and dearness relief to the pensioners with effect from July 1.

An official spokesperson after the Cabinet meeting said on Friday that the amount will be payable in cash and the additional burden to the exchequer will be Rs 1,979 crore per annum. However, in the current year, the actual additional burden will be Rs 1,319 crore, the spokesperson said.

With the hike, the rate of DA and relief to the government employees and pensioners increased to 37 per cent from 32 per cent at present. The increase in total salary of a government employee will be between Rs 130 and Rs 1,500 and depends on the basic salary.

The release of additional instalments became due to the government employees on July 1 with the increase of five per cent in the all

India consumer price index for industrial workers in the first half of 1999. As per the recommendations of the Fifth Pay Commission, the enhanced rate of DA and relief should be payable with the salary/pension for the months of March and September and hence the revision was necessary, the spokesperson added.

The Cabinet also approved the revised project outlay of the World Bank assisted India Population Project VIII from Rs 223 crore to Rs 422 crore.

The project period also has been extended by two years i.e. up to 2001. The project was aimed at improving the health and family welfare status of the slum population in the four mega cities - Delhi, Bangalore, Calcutta and Hyderabad.

The Cabinet also the green signal for India acceding to two new international conventions on checking proliferation of plastic bombs and ensuring safety of maritime navigation and off-shore platforms.

SP among five killed in Assam freak blast

The Times of India News Service

GUWAHATI: Five persons — Sibsagar district superintendent of police P.K. Lohia, an Army officer, two journalists of local dailies and a police constable — were killed in a landmine explosion in the SP's chamber on Friday. According to P.V. Sumant, DGP Assam, the incident occurred when Mr Lohia had finished a press conference in his office giving details of an operation which the police had carried out at a village under Kakotibari police station in Sibsagar district on Friday.

In the operation a hardcore ULFA militant Jugal Phukan was killed and some arms and ammunition including some landmines were seized.

Reports reaching here said that after the press conference was over two journalists were left behind with the SP and the Army officer, Lt Nasir when the explosion took place.

Housewife
"acked by



SUDA

STATE URBAN DEVELOPMENT AGENCY

"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal

Ref No. SUDA-15/98(Pt-II)/

Date03.9.99.....

From: Dr. N.G.Gangopadhyay
Adviser (Health)
S.U.D.A

To: Project Director, IPP-VIII(Extn) &
Chief executive Officer, Durgapur, Asansol development
Authority/Siliguri-Jalpaiguri Development Authority.

Project Direct IPP-VIII(Extn) &
ADM Bardhaman/Kharagpur/Malda/Alipurduar.

Sub: Feed-back regarding utilisation of the fund
placed under IPP-VIII (Extn).

Sir,

A recurring fund of Rs..... was placed for
service implementation under IPP-VIII Extn. Item-wise
break-up of the said fund was also indicated therewith.

A month has since elapsed. You are requested to
intimate the utilisation of the said fund so far item-wise
with progress of work. An utilisation certificate along
with authenticated Xerox copy of receipts/vouchers etc
may kindly be submitted for the 1st month. Subsequently,
such certificate should be submitted on monthly frequency.

The matter is urgent & your early reply is requested for

Yours faithfully,


(Dr. N.G.Gangopadhyay)
Adviser (Health)


Contd page...2/

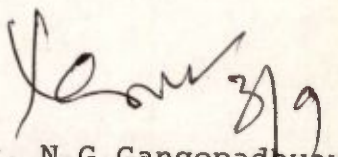
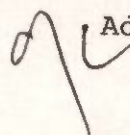
Memo no: SUDA-15/98(Pt-II)/
C.C

dated 03.9.99

Copy forwarded to: The Chairman- Alipurduar/Bardhaman/
English Bazar Municipality.

The Mayor- Durgapur Municipal Corporation/
Siliguri Municipal Corporation.

-for favour of kind information and
taking necessary action.


(Dr. N.G. Gangopadhyay)
 Adviser(Health)

Durgpur - 4,37,600/- ✓
Kharagpur - 2,25,800/- ✓
Eng. Bazar - 1,44,400/- ✓
Burdwan - 2,71,400/- ✓
Alipurdwar - 87,600/- ✓
Sikiguri - 4,58,600/- ✓

MEMORANDUM FOR EXPENDITURE FINANCE COMMITTEE

I. STATEMENT OF THE PROPOSAL:

A. TITLE OF THE PROPOSAL/SCHEME

World Bank-assisted VIII India Population Project in the four cities of Bangalore, Calcutta, Delhi and Hyderabad - Extension of Project to more cities as well as extension of project period and revision of project cost.

B. DESCRIPTION OF THE PROPOSAL/SCHEME AND ITS OBJECTIVES:

2. Area Development Projects have been taken up under the National Family Welfare Programme in different States and urban areas with financial assistance from external funding agencies like World Bank, Department For International Development (DFID), UK, Danish International Development Agency (DANIDA) and United Nations Population Fund (UNFPA) to bring about reduction in fertility and maternal and child mortality by providing health and family welfare services to the people. These projects have contributed greatly towards strengthening of service delivery infrastructure in the states and in improving the quality of health and family welfare services to the people through better training of service providers and programme management. A list of the on-going projects is given at Annex I.

3. The World Bank-assisted VIII India Population Project at a total cost of Rs. 223.37 crores was taken up in the four cities of Bangalore, Calcutta, Delhi and Hyderabad with effect from 5.8.93 with a view to providing Integrated Family Welfare and Primary Health Care Services (including Maternal and Child Health) to the Urban Slum Population in these four cities. The Project was approved by the Cabinet Committee on Economic Affairs in its meeting held on 7.7.93 for a period of five years after the proposal was recommended by the Expenditure Finance Committee in its meeting held on 28.4.92. The World Bank,

however, approved the project for a period of 7 years with project completion date as 31.12.2000 and the credit closing date as 30.6.2001. The Bank also committed an IDA Credit of US \$ 79.00 million for this Project. The present proposal is for extension of the Project period upto 30.6.2001 (the credit closing date of the World Bank) and for enhancement of the Project cost to Rs.422.01 crores for completing the Project activities in the four cities and also for utilising the savings due to depreciation of rupee by extending the Project to cover slum population in additional cities in West Bengal, Karnataka and Andhra Pradesh as well as to improve the logistic facilities in the States of U.P. and Tamilnadu. The extension and the enhancement of project cost in Rupee terms will enable full utilisation of the IDA Credit by the Credit Closing Date.

C. JUSTIFICATION OF THE PROPOSAL/SCHEME AND WHAT ALTERNATIVES HAVE BEEN CONSIDERED:

4. The IPP VIII project aimed at improving the health and Family Welfare status of the slum population in the four cities by providing services through newly established service facilities like Health Posts, Health Centres, Maternity Centres, etc. The Mid-term review of the project by the World Bank in the four cities has revealed significant improvement in the delivery of services like immunization, antenatal coverage, institutional deliveries, etc. in the slum areas as compared to the position at the commencement of the project. A statement indicating the progress in respect of these indicators is added at Annex II. It may be observed that the contraceptive prevalence went up from 40% to 57% in Bangalore, from 40% to 63% in Calcutta and from 33% to 45% in Delhi. In Hyderabad, though there were improvements in areas like antenatal coverage, institutional deliveries, etc., the contraceptive prevalence declined from 57% to 42%.

5. However, the progress of civil works and procurement under

the project as well as the expenditure under the Project has not been to the desired extent necessitating the extension of the project. Annex-III gives details of the progress of the Project activities such as civil works, establishment of service facilities, training etc. The total expenditure incurred under the project upto May 1998 is Rs.59.81 crores only. The expenditure under the Project has been low as the Civil Works under the Project have been delayed due to difficulties in obtaining suitable sites for the buildings in these metropolitan cities as well as the need to obtain clearances of the World Bank for architectural drawings, procurement plans etc. These problems have mostly been sorted out by the Project cities and the projects are now poised for considerable step up in the expenditure. The States and the Project cities are confident that they would be able to utilise the sanctioned project costs if the Project period is extended to 30.6.2001, the Credit closing date of the World Bank.

6. It is, however, estimated that even if the entire sanctioned cost of Rs. 223.37 crores is spent, credit savings to the tune of Rs.158.14 crores (corresponding to project expenditure of Rs. 193.00 crores) are likely (details in para 16) due to exchange rate fluctuations and the unutilised provision for preparation of new projects. During the mid-term Review of the Project by the World Bank Mission in June-July 1998, the need for covering additional cities in the four Project States for utilising the likely savings was considered. Proposals for covering additional cities were obtained from the concerned Project States and after scrutiny, were recommended to the World Bank Mission for their approval. After completing the technical appraisal of these proposals, the Bank Mission recommended the proposals at the conclusion of their Mid-term review of the project. Accordingly, an additional Project outlay of Rs.198.64 crores is proposed to be approved for fully utilising the likely credit savings under the IPP-VIII Project. The appraised proposals also included proposals received from

Govt. of UP and Govt. of Tamilnadu for meeting partially the logistics requirements in the respective States.

7. Increased amount in rupee terms which has become available under this project due to depreciation in value of rupee compared to the value of dollar is proposed to be utilized for creating and strengthening primary health care facilities including facilities for contraception for the slum population in the urban areas of these three States. Urban slum population is quite large at about 10 crores in the country and the Reproductive and Child Health indicators as well as population indicators for this population are worse than even for the general rural population. The birth and fertility rate for this population is high and maternal and infant mortality rates are also high because of the facilities for controlling these situation like immunization coverage, anaemia control programme, ante-natal and post natal care, institutional deliveries and contraceptive availability are poor. This is because this population is not served by the network of Primary Health Centres and Rural sub Centres. Although the urban areas generally are better served by network of Government, local body and private hospitals but these tend to be away from slum areas and effectively the slum population does not have access to these hospital facilities. The adverse RCH population indicators for such large urban population are adversely influencing RCH and population indicators for the country as a whole. Therefore, the Department of Family Welfare is trying to address the needs of urban slum population by giving this priority. For the urban areas of West Bengal, Andhra Pradesh and Karnataka, the additional money which has now become available in rupee term under IPP project is proposed to be utilized as included in this proposal. In other urban areas the Department is simultaneously seeking to utilize European Commission and World Bank assistance under Reproductive and Child Health Programme to provide similar facilities.

Proposal for urban slums:

8. The additional cities include 10 cities in West Bengal, 11 cities in Karnataka and 73 cities/towns in Andhra Pradesh. All the cities and towns chosen have large segments of slum population with extremely poor living and environmental conditions and characterised by overcrowding and virtually non-existing sanitation and safe water facilities. The awareness level of this largely illiterate population about preventive health care, children's health issues etc. is very low. The health care service delivery systems including outreach services is grossly inadequate in these cities. As a result, there is high level of reproductive morbidity among women and the children of the urban slums face neglect and ill health. Since there are no organised outreach services or infrastructure developed for Primary Health Care, Family Welfare and MCH Services in the urban slum areas, there is an urgent need to develop suitable systems for delivery of Health and Family Welfare services particularly for women and children in the urban slum areas of these additional cities providing preventive child health care and MCH Services, Immunization etc. within the slum localities themselves.

9. The ten cities proposed in West Bengal are Siliguri, Durgapur, Bardhaman, Kharagpur, Darjeeling, Jalpaiguri, Balurghat, Raiganj, English Bazar and Alipur Duar having population ranging from 0.94 lakhs in Alipur Duar to 4.16 lakhs in Durgapur as per the 1991 census. These cities have been chosen because of their large slum population ranging from 0.26 lakhs in Alipur Duar to 2.42 lakhs in Durgapur with the percentages of slum population ranging from 28% to 58%. Similarly in Karnataka, 11 major cities namely Mysore, Hubli/Dharwad, Belgaum, Gulbarga, Tumkur, Davengere, Bijapur, Bellary, Raichur, Bhadravathi, Shimoga have been chosen with an estimated slum population of about 30% in these cities. In Andhra Pradesh, on the other hand, all the major town and cities

have been chosen with the slum population varying from city to city.

10. The extension of the Project to the new cities will be largely on the lines of the respective IPP-VIII Projects in the four States while ensuring that at least one doctor and two para-medicals are available for delivery of the much needed Family Welfare and Primary Health Care Services in the health posts in each city/town. A summary of the facilities proposed to be created in the additional cities is given at Annex V (Statements I to III). The need for these facilities was assessed after keeping in view the existing facilities in these areas. The requirements were also scrutinised by the Urban RCH Committee, set up in the Ministry including representatives of non-governmental organisations, before they were finalised by the Ministry in consultation with the World Bank and the State Governments. The existing urban family welfare centres and health posts would be subsumed in the new health posts/maternity homes etc.

11. The proposed facilities are Health Centres/Health Posts, Maternity Homes and General OPD-cum-Maternity Home (in West Bengal). Manned by at least one Medical Officer and two Para-medicals, the Health Centres and Health Posts would provide Family Welfare Services and Primary Health Care to the Urban Slum Population. The Maternity Homes including the general OPD-cum-Maternity Home in west Bengal will look after delivery cases and provide other referral services with assistance of Specialists.

Proposal for storage and distribution of drugs, contraceptives and vaccines:

12. The additional amount that has become available in rupee terms is also proposed to be utilized for strengthening arrangements in Uttar Pradesh and Tamilnadu for receiving

supplies of drugs, vaccines and contraceptives from manufacturers, for their storage in medically acceptable conditions and for systematic and timely distribution of these items to user hospitals from district level to PHCs. It may be mentioned that Government of India supplies drugs, vaccines and contraceptives for use in Family Welfare programme to all these States. In this process the Government of India determines the rate for procurement and the manufacturing party by tender process every year and after subjecting samples from each batch for quality check in independent approved laboratories, places orders for supply to States at the cost of Government of India. This programme was started about 20 years back and in the beginning was quite modest therefore no separate or additional arrangement for handling supply was considered necessary in States. Since then it has grown incrementally over the years but now is very sizeable with the current year's procurement estimated to be of the order of Rs.500 crores. Since the programme has grown in size incrementally, at no stage the need to create a dedicated and professionally competent system for handling this work was realised. These items are handled like other items of store at State, district and sub-district level in all these States. The result of this is that neither the manpower handling this work is adequate in many places nor is it professionally qualified or trained. Also since no storage facilities have been created, these items are stored (except vaccines) in any odd place that is readily available in hospitals and offices. Frequently, packets are kept in verandahs where they are exposed to direct sunlight and even showers. Under these arrangements supply of such store to levels below is made through the system of officials from lower level coming to collect and carry their stores. In this arrangement distribution of stores received at district or state level takes place to lower levels up to PHC without any time frame and it is known to be taking 3-5 months to reach the last user point. In this situation frequently the user levels like rural Sub Centre and PHCs are without stocks for months while

sizeable stocks may be lying undistributed elsewhere in the State. This is keeping the outcomes low compared to resources being put in procuring drugs, vaccines and contraceptives. Thus the existing arrangement is leading to very inefficient and delayed supplies affecting outcomes of the programme on the one hand and is costing an unacceptably high level of wastage due to deterioration during storage of these items. Therefore, after extensive consultation with States and after ascertaining situation in States and districts through teams of officers sent from the Department, the Department has come to a view that some investment needs to be made for ensuring efficient storage and distribution arrangements for drugs, contraceptives and vaccines. Investment in this regard would more than repay for itself within 3-5 years by reducing wastage and delay also help in improving programme outcomes with the same level of investment in procurement of drugs, vaccines and contraceptives. This proposal also has the merit that supplies procured by state Govt. and under National Programmes can also be handled by these warehouses at little incremental cost as and when these agencies decide to use these facility.

13. The Government of India presently supplies these items at State level or at 2 or 3 places in large states which leads to long delays in distribution and therefore such supply arrangements are not efficient in the long run. On the other hand, supplies at district level are difficult to manage and monitor for a large number of suppliers selected at All-India level. Therefore, the Department has worked out a system in which there will be a storage depot for every cluster of 6-8 districts at a Central location. Manufacturers will supply drugs, contraceptives and vaccines at these places. The storage facilities at these places would be of a medically accepted standard. These places will receive indents from hospitals and in response to the indents they will undertake to supply the desired quantities of items every fortnight through a transporter to be engaged on contractual basis. Thus no

vehicles will be procured nor there will be any necessity of engaging a large number of drivers. The network of storage facilities will be managed by either an existing State level Corporation or by a new Corporation when the existing Corporations are not willing or capable of this work. A detailed exercise has been done for each State through consultants identified by the Department and for each State detailed project reports have been prepared by these consultants. Project reports for Tamilnadu and Uttar Pradesh and copy of the mid-term review report of the World Bank are being furnished for reference in connection with this proposal to the financial adviser of the Ministry and to the Planning Commission. Care has been taken in these projects reports to provide for only a lean staff so that maintenance cost is not high. Initially the zonal level facility will be operationalized in available Government buildings or rented space and as soon as the system becomes operational, construction of storage space will be taken up for being completed within two years. Therefore, in the first two years when these bodies will be setting up their management systems, they will be paid salary and allowances under this project and in addition 2 % of the value of drugs, contraceptives and vaccines handled by them. After this period the State body will be paid 10% of the value of drugs, contraceptives and vaccines handled by it, out of which it will have to maintain itself. These handling charges will therefore effectively become cost of drugs, vaccines and contraceptives at the user point and will be paid like the cost of supplies by the Government of India. Thus on the one hand there will be no necessity to pay for maintenance for these bodies in perpetuity and on the other hand payment to the State bodies will be related to the work they do for the Department. The UNFPA has agreed to fund such projects in Rajasthan, Orissa, Gujarat and Andhra Pradesh. In the present proposals, the requirement of two States Uttar Pradesh and Tamilnadu in the area of logistics have been incorporated. Madhya Pradesh project is proposed to be funded by DANIDA.

Remaining 8 major states are proposed to be funded by EC. Proposal in regard to these states is being brought before the EFC separately (EFC has already considered proposal for Madhya Pradesh in November, 1998). The logistic improvement project will include construction of warehouse at regional level, deployment of dedicated staff for handling and storage, monitoring of stocks through computerised system and training of staff. Proposals in this regard were developed in consultation with the State Governments of UP and Tamilnadu by consultants appointed by the Department of Family Welfare.

14. More specifically in U.P., the State warehouse will be expanded and 14 regional warehouses constructed and equipped for material handling. Supplies will be made to 1200 Block level PHCs and hospitals from the Regional Warehouses. In the case of Tamilnadu, the existing logistic support system of the State operated by the Tamilnadu Medical Services Corporation will be further strengthened by constructing and equipping 5 Regional Stores and integrating supplies by the Ministry of health and Family Welfare and the State Government. The supplies to the field units will be made from the Regional Stores. In both U.P. and Tamilnadu projects, provision has been made for suitable training of the staff and for operational expenses for transportation of drugs and the staff from the Regional Stores.

15. The proposed additional outlay of Rs.198.64 crores will thus meet the cost of extension to new cities and the additional requirements of the existing Project cities for completing the approved Project activities and for taking up a few additional activities as in the case of Delhi within the overall objective of the Project. The additional requirements of existing cities arise from the need to provide for escalation in the civil works, procurement etc. and the need to meet the cost of the additional activities. The increase in outlay will also meet the cost of the logistic projects in U.P. and Tamilnadu. The additional outlay also has a provision of Rs. 2.00 crores

proposed as a Central Component for improving the monitoring system in the Ministry of Health & Family Welfare by engaging Consultants/Consultant Organisations especially in the field of Civil Works, MIS etc. and for procurement of computers and computer software and other equipments and furniture to facilitate effective monitoring of the implementation of the Area Projects. The Consultant/ Consultant Organisation engaged will be required to make frequent field visits to the additional cities/towns for ensuring quality of construction and timely completion of the Civil Works and service delivery components. The installation of a modern monitoring system with latest computer hardware and software inputs will greatly facilitate close monitoring of the implementation of the projects.

16. As mentioned earlier, the proposed enhancement will help to utilise the credit savings on account of exchange rate fluctuations. The World Bank has committed an IDA Credit of US \$ 79.00 million for the Project. After taking into account a disbursement of \$ 9.44M corresponding to a project expenditure of Rs.59.94 crores, the undisbursed balance as on 30.6.98 is US \$ 69.56 million amounting to Rs.292.15 crores of credit savings at the exchange rate of 1 \$ = Rs. 42.00. It is estimated that if the entire balance of currently sanctioned project cost of Rs.223.37 crores is expended, a further credit equivalent to Rs.134.01 crores will be utilised at the disbursement rate of 82%. To utilise the remaining Rs.158.14 crores of credit savings, an additional project expenditure of Rs.193 crores would need to be incurred at the average disbursement rate of 82 per cent. Thus the proposed increase in the Project cost by Rs.198.64 crores corresponding to the additional requirements of the existing project cities and the new cities will help to absorb the entire credit savings under the Project, apart from addressing the need for providing the much-needed Family Welfare and Primary Health Care Services in the slum areas of these cities. The margin of Rs.5.64 crores will help to cover further nominal appreciation in the value of the dollar.

D. DESCRIPTION OF THE MANNER IN WHICH THE PROPOSAL/SCHEME IS PROPOSED TO BE IMPLEMENTED INCLUDING MENTION OF THE AGENCY THROUGH WHICH IT WILL BE EXECUTED.

17. The main activities of the on-going projects proposed to be completed by the end of the Project period are indicated at Annex III. These include completion of construction activities, procurement and supply of furniture, equipment, drugs etc. as well as other activities relating to training. The activities which are proposed to be taken up in the new cities include setting up of health centres/health posts and maternity homes, training and IEC activities, procurement of equipment, furniture, drugs etc.

18. The Project activities will be implemented by the existing Project organisations in the four cities and by the respective municipalities in respect of the additional cities of the three Project States of Andhra Pradesh, West Bengal and Karnataka. In case of the logistic projects of UP and Tamilnadu, the project will be implemented by the State Governments. The existing Project organisations in the four metropolitan cities will, however, coordinate the implementation of Project activities in the additional cities of the respective States and will be responsible for filing reimbursement claims to the Ministry of Health and Family Welfare for obtaining disbursement through Department of Economic Affairs.

II. SCHEDULE OF PROGRAMME AND TARGET DATE OF COMPLETION:

19. All Project activities are proposed to be completed by 30th June, 2001, the credit closing date of the Project, if also agreed to by the World Bank (for the period 1-1-2001 to 30.6.2001)

III. FINANCIAL IMPLICATION:

A. NATURE OF THE SCHEME - PLAN - CENTRAL OR CENTRALLY-SPONSORED OR NON-PLAN:

20. The Project will continue to be implemented as part of the Area Project Scheme, a component of the Centrally Sponsored Scheme of the Family Welfare Programme.

B. TOTAL OUTLAY (RECURRING AND NON-RECURRING)

21. The total revised outlay for the IPP-VIII Project is Rs. 422.01 crores with a recurring cost of Rs. 109.87 crores and Rs. 312.14 crores as non-recurring cost including a capital cost of Rs. 164.69 crores and Rs. 147.45 crores as other non-recurring costs. The Share of the individual Project States is as under:

(Rs. in Crores)

S. No.	Name of State	<u>Proposed Revised Cost</u>			Approved Project Cost	Increase Proposed
		Capital	Non-Recurring	Total		
1.	Andhra Pradesh	45.84	29.70	25.26	100.80	35.15
2.	W. Bengal	44.98	59.08	29.74	133.80	101.64
3.	Karnataka	37.63	27.38	18.20	83.21	39.23
4.	Delhi	24.10	24.49	25.25	73.84	47.25
5.	Uttar Pradesh	9.14	3.61	9.08	21.83	-
6.	Tamilnadu	3.00	1.09	2.34	6.43	-
7.	MOHFW	-	2.10	-	2.10	0.10
Total:		164.69	147.45	109.87	422.01	223.37

22. Further details of the Project cost by major categories of expenditure for each State are given in the Cost Variance Analysis added at Annex IV. Year-wise details of costs for each State and logistic projects are given at Annex VI (Statements I-III) which also gives details of expenditure incurred upto May, 1998 for the four cities.

C. PLAN ALLOCATION, IF A PLAN SCHEME AND BUDGET PROVISION IN THE CURRENT FINANCIAL YEAR. IF NO BUDGET PROVISION EXISTS, HOW IS EXPENDITURE PROPOSED TO BE MET DURING 1998-99.

23. A budget provision of Rs. 120 crores has been made for the Area Project Scheme during 1998-99 with a detailed break-up as shown in Annex VII. During the year, as per the estimates worked out, a total of about Rs. 102 crores will be required for implementation of the revised Project. As in the case of other Area Projects, the share of the Govt. of India will be 90% of the requirements for the IPP-VIII States. However, it is proposed that 100 per cent of the cost of the logistic projects in U.P. and Tamilnadu is met by the Government of India, as the logistic projects also being considered for funding by other donor agencies are not Area Projects. The share of the GOI thus comes to Rs. 93.46 crores for 1998-99. Though only Rs. 10.00 crores have been allocated for the IPP-VIII Project during the year, Rs. 83.25 crores are already available with the IPP-VIII Project States as on 1.6.1998 due to releases made earlier. It will thus be possible to meet the requirements of the revised IPP-VIII Project during the current year. Appropriate budget provisions will be made for the remaining period of the Project out of the annual allocations for Area Project Scheme.

D&E: FOREIGN EXCHANGE COMPONENTS OF THE PROJECT OUTLAY AND HOW IT IS PROPOSED TO BE MET AND COMPONENTS OF LOAN AND SUBSIDY IF ANY, IN THE TOTAL OUTLAY INVOLVED AND THEIR PROPOSED TERM.

D. FOREIGN EXCHANGE COMPONENT:

24. Nil.

E. COMPONENT OF GRANTS, LOANS ETC.

25. The assistance from the World Bank is in the form of loan (IDA Credit).

F. DETAILS OF POSTS PROPOSED AND THEIR PAY SCALES:

26. No posts are proposed to be created at the Central level. Only 13 posts are proposed to be created in Andhra Pradesh at the State Government level for the Project Implementation Wing. In addition, 14 Consultants are proposed to be engaged. The details of posts and Consultants are given at Annex VIII. All the remaining posts meant for Service delivery and based on the pattern indicated at Annex IX are proposed to be created at the

level of Municipalities/Corporations and would be sustained by them. The posts under logistic projects in UP and Tamilnadu are required only at the Regional Warehouses and State level Corporation.

G. BROAD DETAILS OF CONSTRUCTION WORK, THEIR JUSTIFICATION AND BASIS OF ESTIMATES FOR CONSTRUCTION ACTION ACTIVITIES:

27. Details of the construction activities are given at Annex. X for the additional cities and the logistic projects. In the case of Delhi, renovation of Maternal and Child Welfare Centres would be undertaken additionally during the extended period. The estimates are based on the State Public Works Department rates and even scrutinised by the World Bank Architect as well.

28. The construction activities would be undertaken by the respective Municipalities in respect of the additional cities. In the case of logistic project in Tamilnadu, they will be

undertaken by Tamilnadu Medical Services Corporation and in the case of UP, the agency for undertaking the construction activities is yet to be finalised. The land for the new facilities has already been earmarked by the respective municipalities and the municipalities of the additional cities will be in a position to complete the Civil Works in time.

III. A. COMMENTS, IF ANY, OF THE PLANNING COMMISSION:

29. The Planning Commission has been consulted and the copy of the appraisal note is added at Annex XI. The responses of the Department of Family Welfare to the comments of the Planning Commission are given at Annex XII.

B. COMMENTS, IF ANY, OF THE MINISTRIES/DEPARTMENTS WHICH HAVE BEEN CONSULTED.

30. The Department of Expenditure (Plan Finance Division and Establishment Division), Deptt. of Economic Affairs and Financial Adviser of the Ministry of Health and Family Welfare have been consulted and their comments are added to Annex XII along with the observations of this Department.

IV. SUPPLEMENTARY INFORMATION, IF ANY

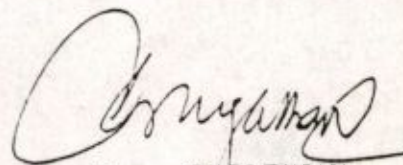
31. The Department of Family Welfare will provide 90 per cent of the revised Project cost as grant-in-aid to the four IPP-VIII Project States and the remaining 10 per cent of the Project cost would be met by the State Governments. In case of the logistic Projects of UP and Tamilnadu, now proposed as part of the IPP-VIII Project, the Ministry is, however, committed to meet 100 percent of the Project cost as they are not Area Projects.

31. The State Governments of West Bengal, Karnataka, Andhra

Pradesh have committed to meet the 10 per cent of the enhanced Project cost and the recurring liabilities of the Project after the Project period. The Government of Delhi has been approached by the Municipal Corporation of Delhi regarding the recurring liabilities of the Project and the final view is expected to be taken shortly.

V. THE POINTS ON WHICH DECISIONS/SANCTION ARE REQUIRED:

33. Approval of the Expenditure Finance Committee is solicited for the extension of the World Bank - assisted IPP-VIII Project currently in the States of West Bengal, Karnataka, Andhra Pradesh and Delhi up to 30.6.2001 and for enhancement of the Project cost by Rs. 198.64 crores from Rs. 223.37 crores to Rs. 422.01 crores to facilitate completion of Project activities and to take up additional activities in the Project States as well as to cover additional cities and States in order to ensure complete utilisation of the committed assistance from the World Bank.



(K.S. SUGATHAN)

JOINT SECRETARY TO THE GOVT. OF INDIA

DETAILS OF ON-GOING INTERNATIONALLY AIDED AREA PROJECTS

Sl. No.	State/ Donor Agency	Project Period	Project Cost (Rs. in Crs)
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I. WORLD BANK (India Population Projects)

IPP-VIII **

1)	Bangalore	6.8.93 to 5.8.98	39.23	223.37
2)	Calcutta	- do -	101.64	
3)	Delhi	- do -	47.25	
4)	Hyderabad	- do -	35.15	
5)	MOHFW	- do -	0.10	

IPP-IX

1)	Assam	16.6.94 to June 2001	101.22	335.00
2)	Karnataka	- do -	114.75	
3)	Rajasthan	- do -	108.57	
4)	MOHFW	- do -	10.46	

Total (World Bank)

558.37

II. OTHER AGENCIES

UNFPA PROJECTS

1)	Kerala	16.7.97 to 15.7.2000	2.66	11.64
2)	Rajasthan	-do-	2.21	
3)	Himachal Pradesh	-do-	2.66	
4)	Maharashtra	-do-	1.78	
5)	Bihar	-do-	2.32	

UNFPA - INTEGRATED POPULATION & DEVELOPMENT (IPD) PROJECT

1.	Maharashtra	21.12.98 to 20.12.2002	33.67	76.49
2.	Rajasthan	-do-	42.82	

German Government

Maharashtra	20.5.96 to May 2001	47.40
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DANIDA

Tamil Nadu	23.8.97 to 22.8.2002	51.50
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DFID (U.K)

Orissa	5.9.97 to 5.7.2000	14.55
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Total (Others)

201.58

GRAND TOTAL

759.95

** Being extended upto June, 2001.

IPP-VIII - MID-TERM REVIEW PRELIMINARY FINDINGS - SERVICE DELIVERY

S.NO.	INDICATORS	BANGALORE		CALCUTTA		HYDERABAD		DELHI	
		Baseline %	Current level %	Baseline %	Current level %	Baseline %	Current level %	Baseline %	Current level %
1.	Immunization (DPT/POLIO)	73	79	63	85	75	69	54	69
2.	Antenatal Coverage	71	95	82 11	79	91	95	55	86
3.	Institutional Deliveries	77	86	66	79	70	84	16	22
4.	Contraceptive Prevalence	40	57	40	63	57	42	33	45

In respect of Delhi, the current level is as per the Project Data.

In the case of other cities, the current level is taken from mid term review.

DELHI						
I	ESTABLISHMENT					
1.	Maternity Homes	6	1	5	2 in progress	1
2.	Health Centres	15	-	15		
3.	Health Posts	110	-	110		
II	CONSTRUCTION					
1.	Maternity Homes	6	-	6	2 in progress	
2.	Health Centres	15	3	12	3 in progress	
3.	Health Posts	110	10	100		
III	TRAINING OF MEDICAL OFFICERS, PARAMEDICALS, BASTI SEVIKAS AND DAIS	1468	985	483		
HYDERABAD						
I	ESTABLISHMENT					
1.	D type Health Posts	26	26	-		
2.	Conversion of UFWCs into D type Health Posts	36	36	-		
3.	Maternity Centres	5	5	-		
II	CONSTRUCTION					
1.	D type Health Posts	26	6	20	6 works in progress	
2.	Renovation and expansion of D-type Health Posts	36	8	28	4 works in progress	
3.	New Maternity Centres including Staff Nurse quarters	5	3	2		
III	TRAINING OF MEDICAL OFFICERS, PARAMEDICALS AND LINKWORKERS	745	4851 (including 4800 voluntary link workers)	144 (Staff Nurses)		

COST VARIANCE ANALYSIS-CITY WISE

ANNEX-IV

(RS. IN LAKHS)

SL. NO.	DESCRIPTION OF ITEMS	APPROVED COST	REVISED COST		TOTAL	EXCESS OVER APPROVED COST	PRICE ESCALATION	TIME OVER-RUN	EXCESS DUE TO			OTHER REASONS (SPECIFY)
			EXISTING CITIES	ADDITIONAL CITIES					CHANGE IN ESTIMATION	CHANGE IN STATUTORY DUTIES		
KARNATAKA												
1	Land											
2	Construction	10.6.16	2492.19	1270.32	3762.51	96.35	1236.48					
3	Non-Recurr. Expenditure	1803.96	1838.46	899.35	2737.81	933.85	211.00					
4	Recurring Expenditure	1051.37	1325.89	494.84	1820.73	769.36	345.76					
	Total	3921.49	5656.54	2664.51	8321.05	4399.56	1793.24					
ANDHRA PRADESH												
1	Land											
2	Construction	1436.00	1907.34	2677.00	4584.34	3148.34	217.87					
3	Non-Recurr. Expenditure	1044.00	2073.00	896.83	2969.83	1925.83	96.00					
4	Recurring Expenditure	1035.00	1325.62	1200.66	2526.28	1491.28	200.00					
	Total	3515.00	5305.96	4774.49	10080.45	6565.45	513.87					
WEST BENGAL												
1	Land											
2	Construction	2789.18	3130.70	1367.22	4497.92	1708.52	141.52					
3	Non-Recurr. Expenditure	4581.31	4189.88	1718.63	5908.51	1327.20	170.21					
4	Recurring Expenditure	2793.51	1938.97	1035.06	2974.03	180.52	40.00					
	Total	10164.00	9259.55	4120.91	13380.46	3216.24	351.73					
DELHI												
1	Land	334.46	410.23		410.23	75.77	47.63	26.79	1.35			
2	Construction	1565.55	1920.22	80.00	2000.22	434.67	201.55	121.12	112.00			
3	Non-Recurr. Expenditure	1500.78	2021.89	426.77	2448.66	947.88	533.02		459.22	(-)44.36		
4	Recurring Expenditure	1324.23	2383.01	141.75	2524.76	1200.53	1060.19	(-)34.48	174.82			
	Total	4725.02	6735.35	648.52	7383.87	2658.85	1842.39	113.43	747.39			

* Due to late launching of basic education scheme.

Due to late launching of services in ESOPD and Maternity Homes and due to economy in expenditure.

FACILITIES PROPOSED TO BE CREATED IN ADDITIONAL TOWNS
ANDHRA PRADESH

SL.NO.	NAME OF TOWN	TOTAL POPULATION	SLUM POPULATION	FACILITIES PROPOSED	
				URBAN HEALTH CENTRES	URBAN HEALTH & MATERNITY CENTRES
1.	Srikakulam	88,883	31,874	1	1
2.	Parvathipuram	43,497	23,606	1	0
3.	Vizianagaram	1,59,461	66,806	3	1
4.	Bobbili	43,249	27,153	2	0
5.	Bheemunipatnam	42,061	25,571	2	0
6.	Gajuwaka	1,78,501	31,369	1	1
7.	Anakapally	84,362	20,942	1	0
8.	Kakinada	2,79,875	62,230	1	2
9.	Amalapuram	46,029	9,565	1	0
10.	Ramachandrapuram	36,788	16,485	1	0
11.	Mandapet	42,453	9,741	1	0
12.	Tuni	43,904	17,529	1	0
13.	Pittapuram	44,061	19,013	1	0
14.	Samarla Kota	48,760	24,869	1	1
15.	Rajahmundry	3,24,851	77,750	3	2
16.	Eluru	2,12,918	74,913	3	2
17.	Narasapur	56,362	24,448	1	1
18.	Tanuku	62,913	22,721	1	0

19.	Nidadavolu	41,101	15,969	1	0
20.	Tadepalligudem	68,079	30,498	1	1
21.	Bhimavaram	1,25,495	33,645	1	1
22.	Palocol	56,972	18,972	1	0
23.	Machilipatnam	1,59,007	43,571	2	1
24.	Gudivada	1,01,634	18,189	1	0
25.	Guntur	4,71,051	1,57,015	7	3
26.	Chilakaluripet	79,142	25,459	1	1
27.	Bapatla	62,536	57,193	3	1
28.	Ponnur	54,363	18,831	1	3
29.	Repalli	36,943	18,743	1	3
30.	Tenali	1,43,836	10,317	1	3
31.	Narasaraopet	88,766	40,743	2	1
32.	Ongole	1,00,544	52,218	3	1
33.	Chirala	80,837	34,007	1	1
34.	Markapur	45,563	23,543	2	0
35.	Nellore	3,16,445	1,00,334	5	2
36.	Gudur	55,984	19,402	1	0
37.	Kavali	65,910	23,781	2	0
38.	Cuddapah	1,21,422	29,414	1	1
39.	Proddutur	1,33,860	40,578	2	1
40.	Kurnool	2,36,800	62,674	3	1

41.	Adoni	1,35,718	61,602	3	1
42.	Nandyal	1,20,171	56,354	3	1
43.	Yemmiganur	65,118	44,246	2	1
44.	Ananthapur	1,74,792	48,141	2	1
45.	Guntakal	1,07,532	38,465	1	1
46.	Tadipatri	71,068	33,110	1	1
47.	Dharmavaram	78,961	46,333	2	1
48.	Hindupoor	1,04,635	27,590	1	1
49.	Chittoor	1,33,233	41,928	2	1
50.	Srikalahasti	61,578	20,506	1	0
51.	Madanapalli	73,820	13,172	1	0
52.	Tirupathi	1,74,393	44,591	2	1
53.	Khammam	1,27,812	40,312	2	1
54.	Kothagudem	80,420	38,772	2	1
55.	Palavancha	53,102	23,922	2	0
56.	Karimnagar	1,48,349	22,911	0	1
57.	Jagityala	67,591	38,226	2	1
58.	Ramogundam	2,14,384	75,216	3	2
59.	Sirisilla	50,048	27,080	1	1
60.	Adilabad	84,233	52,255	2	1
61.	Bellampalli	66,780	25,686	0	1

62.	Nirmal	57,761	29,253	1	1
63.	Kagaznagar	57,535	32,716	1	1
64.	Mandamarri	66,145	6,816	1	0
65.	Warangal	4,47,657	1,33,645	6	3
66.	Mahabubnagar	1,16,775	31,278	1	1
67.	Nalgonda	84,674	26,715	1	1
68.	Suraypet	60,630	42,931	2	1
69.	Nizamabad	2,40,924	1,00,114	5	2
70.	Kamareddy	48,666	14,231	1	0
71.	Bhodan	64,406	27,450	1	1
72.	Sangareddy	50,098	22,571	1	0
73.	Siddipet	54,091	26,651	1	0
TOTALS					

N.B.:- 1. Urban Health Centre means - Staff:-1 M.O, 2 ANMS, 1 Support Staff for cleaning

2. Urban Health and Maternity Centre means - Staff:-1 M.O, 1 Staff Nurse, 2 ANMS, 1 Support Staff for cleaning

FACILITIES PROPOSED TO BE CREATED IN ADDITIONAL CITIES

ANN X
STATEMENT - I

KARNATAKA

S.N.	NAME OF CITY	POPULATION AS ON (in lakhs)		ESTIMATED SLUM POPULATION	FACILITIES PROPOSED	
		1991 Census	Projection 2001		New Health Centre	New Maternity Home
1.	Mysore	6.53	6.95	2,68,520	5	2
2.	Hubli/Dharwad	6.48	7.71	2,31,417	11	--
3.	Belgaum	3.26	5.16	154,883	5	--
4.	Gulbarga	3.04	3.97	1,19,150	5	2
5.	Tumkur	1.39	2.06	61,814	2	--
6.	Davengere	2.66	4.37	1,30,978	2	1
7.	Bijapur	1.87	2.25	67,670	2	--
8.	Bellary	2.46	2.84	85,234	2	1
9.	Raichur	1.83	2.70	81,053	5	1
10.	Bhadravathi	0.55	0.67	20,398	3	--
11.	Shimoga	1.75	2.16	64,705	3	1
		31.82	42.84	12,85,822	45	8

N.B: 1. New Health Centre means - Staff:- 1 M.O, 1 Lady Health Visitor, 3 ANMs.

2. New Maternity Homes means - Staff:- 1 M.O, 3 Staff nurse, 1 Laboratory Technician, 3 persons
3 ayah, 1 driver.

FACILITIES PROPOSED TO BE CREATED IN ADDITIONAL CITIES

STATE

WEST BENGAL

S.No.	NAME OF CITY	POPULATION 1991 Census	TARGETTED SLUM POPULATION	Health * Post	FACILITIES PROPOSED	
		POPULATION (in lakhs)			General OPD- cum-Maternity Home	
1.	Siliguri	3.70	1.83	8	1	1
2.	Durgapur	4.16	2.42	11	2	2
3.	Bardhaman	2.42	1.13	5	1	1
4.	Hazaripur	1.29	0.88	4	1	1
5.	Darjeeling	0.78	0.32	2	1	1
6.	Talpaiguri	0.91	0.33	1	1	1
7.	Balrughat	1.20	0.48	2	1	1
8.	Katganj	1.31	0.53	2	1	1
9.	English Bazar	1.39	0.49	2	1	1
10.	Alipuri Duar	0.94	0.26	1	1	1
		18.93	8.71	38	11	11

The Health Posts also supervise part time Honorary Health workers and 1st tier supervisors providing outreach services.

.B: 1. Health Post means - Staff:- 2 M.O, 2 Second tier supervisor, 1 ANM, 1 PHN, 1 Clerk-cum-Store keeper, 2 Attendant & 1 Sweeper.

2. General OPD cum Maternity Home means

- Staff:- 2 M.O, 4 Nurses, 1 Pharmacist, 1 Laboratory Technician, 1 Clerk-cum-Storekeeper, 2 Attendant & 2 Sweepers. In addition, specialists, doctors in disciplines with honorarium with Rs.1,000/- p.m. for 2 visits per week.

ANNEX VI
STATEMENT 1

PROJECT COST BY ACTIVITY/CATEGORIES OF EXPENDITURE

(Rs. in Lakhs)

S.No	Activity/ Category	Sanctioned Project Cost	Actual Expenditure upto May, 1998	Estimated Expenditure			Total Revised cost	
				1998-99	1999- 2000	2000- 2001		
KARNATAKA								
1.a)	Civil Works	1066.16	603.00	480.00	1400.00	1270.51	3159.51	3762.51
b)	Land							
2.	Procurement*	859.55	397.00	410.00	708.78	415.00	1533.78	1930.78
3.	Training, IEC and Consultancy	944.41	143.00	205.00	206.00	253.03	664.03	807.03
4.	Operating** Costs	1051.37	201.00	515.00	540.00	564.73	1619.73	1820.73
	Total:	3921.49	1344.00	1619.00	2854.78	2503.27	6977.05	8321.05
ANDHRA PRADESH								
1.a)	Civil Work	1436.00	348.00	1266.47	1707.40	1262.47	4236.34	4584.34
b)	Land							
2.	Procurement*	579.00	281.00	400.00	750.00	513.60	1663.60	1944.60
3.	Training, IEC and Consultancy	465.00	38.00	200.00	450.00	337.23	987.23	1025.23

Operating** Costs	1035.00	462.00	512.00	860.00	692.28	2064.28	2526.28
Total:	3515.00	1129.00	2378.47	3767.40	2805.58	8951.45	10080.45

WEST BENGAL

1.	Civil Works	2789.18	620.00	1000.00	1600.00	1277.92	3877.92	4497.92
	Land							
2.	Procurement*	2900.60	836.00	600.00	1200.00	1059.70	2759.70	3595.70
3.	Training, IEC and Consultancy	1680.71	396.00	500.00	700.00	616.81	1916.81	2312.81
4.	Operating** Costs	2793.51	573.00	900.00	1000.00	501.03	2401.03	2974.03
	Total:	10164.00	2425.00	3000.00	4500.00	3455.46	10955.46	13380.46

DELHI

1.a)	Civil Works	1449.15	366.00	838.00	696.00	100.22	1634.22	2000.22
b)	Land	334.46	-	200.00	110.00	100.23	410.23	410.23
2.	Procurement*	901.84	101.00	396.00	735.48	425.03	1556.51	1657.51
3.	Training, IEC and Consultancy	715.34	8.00	250.00	300.00	233.15	783.15	719.15 741.15
4.	Operating** Costs	1324.23	598.00	615.32	625.00	686.44	1926.76	2524.76
	Total	3515.00	1129.00	2378.47	3767.40	2805.58	8951.45	10080.45

4725.02 1073.00 2299.32 2466.48 1545.07 6310.87 7383.87

* equipment, vehicles, furniture, drugs etc.

** Salaries, honorarium, POL, rent etc.

of the State
Number of Districts
Number of PHCs
Number of CHCs
Value of Drugs, Contraceptives &
Vaccines supplied during 1997-98
Name of executing Agency
Warehouses proposed:
Number - 15
Location - Agra, Allahabad, Bareilly, Dehradun, Gorakhpur, Jhansi, Kanpur, Lucknow (2 Units)
Meerut, Varanasi, Haldwani, Moradabad, Faizabad, Azamgarh
Uttar Pradesh
85
3808
310
5485.032 lakhs
U.P. Logistic Corporation

(Rs. in lakhs)

ITEMS OF EXPENDITURE	YEAR		TOTAL
	I	II	
Expected value of supply	7075.93	7783.53	14859.46
Renovation/repairs	4.00	10.00	14.00
Construction	200.00	700.00	900.00
Equipment *	100.00	162.50	262.50
Furniture	35.00	40.00	75.00
Training	6.00	16.19	22.19
Sub-Total for non-recurring expenditure	345.00	928.19	1273.69
Salaries #	101.48	103.76	205.25
Rental	42.00	42.00	84.00
Miscellaneous (O&M) **	217.30	402.50	619.80
Sub-Total for recurring expenditure	360.78	548.26	909.04
TOTAL (Non-recurring & recurring)	705.78	1476.95	2182.73

- * Equipment includes material handling, MES hardware, Air conditioning & refrigerators, generators etc for 15 warehouses.
 ** Operation and Maintenance include material handling, equipment maintenance, drugs and personnel transportation, incidentals etc.
 # Includes 1 lakh for consultancy.

STAFF PROPOSED

State Level Corporation

1. Sr. Manager - 1 @Rs.25,000/-p.m.
2. Managers(logistics, quality & Finance) - 3 @Rs.18,000/-p.m.
3. Steno-cum-DTP operator - 2 @Rs.6,000/-p.m.
4. Support Staff - 2 @Rs.3,000/-p.m.
-
- 8

Regional Warehouses(15)

1. Ware House Manager - 15 @Rs.15,000/-p.m.
2. Adm/Accts. Officer - 15 @Rs.15,000/-p.m.
3. Junior Pharmacist - 15 @Rs.15,000/-p.m.
4. DTP Operator - 15 @Rs.6,000/-p.m.
5. Fork lift operator cum-mechanic - 15 @Rs.5,000/-p.m.
6. Auxilliary Staff - 30 @Rs.3,000/-p.m.
-
- 105

Total Staff for State Level Corporation & Regional Warehouses - 113

Name of the State Tamil Nadu
Number of Districts 29
Number of PHCs 1436
Number of CHCs 72
Value of Drugs, Contraceptives & Vaccines supplied during 1997-98 1765.03 lakhs
Name of executing Agency Tamil Nadu Medical Services Corporation
Warehouses proposed:
Number - five
Location - Chennai, Coimbatore, Tiruchirapalli, Madurai, Tirunelveli

(Rs. in Lakhs)

ITEMS OF EXPENDITURE	YEAR		TOTAL
	I	II	
Expected value of supply	2213.50	2434.85	4648.35
Renovation/repairs Construction Civil Works *	100.00	200.00	300.00
Equipment *	22.00	35.50	57.50
Furniture	10.00	15.00	25.00
Training	12.35	14.35	26.70
Sub-Total for non-recurring expenditure	144.35	264.85	409.20
Salaries	16.20	20.32	36.72
Rental	30.00	30.00	60.00
Miscellaneous (O&M) **	57.00	80.40	137.40
Sub-Total for recurring expenditure	103.20	130.92	234.12
TOTAL(non-recurring & recurring)	247.55	395.77	643.32

- * Equipment includes material handling, MES hardware, Air conditioning & refrigerators, generators etc for 5 warehouses.
** Operation and Maintenance include material handling, equipment maintenance, drugs and personnel transportation, incidentals etc.
* Civil Works cost is less in Tamil Nadu as a number of warehouses have already been set up by Tamil Nadu Medical Services Corporation.

STAFF PROPOSED

Corporation Level

1. Manager - 1 @Rs.25,000/-p.m.
2. Steno-clerical Data Operator - 2 @Rs.7,000/-p.m.
3. Support Staff - 2 @Rs.3,000/-p.m.

5

Regional Warehouses

1. Asst. Manager - 3 @Rs.10,000/-p.m.
2. ATP Operator - 3 @Rs.6,000/-p.m.
3. Auxiliary Staff - 10 @Rs.3,000/-p.m.

20

Total Staff for Corporation and Regional Warehouses - 25

PROJECTWISE ALLOCATION OF FUNDS UNDER
AREA PROJECT DURING 1998-99

(Rs. in Crores)

<u>PROJECT</u>	<u>STATES COVERED</u>	<u>ALLOCATION</u>
IPP-VIII	Bangalore, Calcutta Hyderabad and Delhi	10.00
IPP-IX	Rajasthan, Assam & Karnataka	50.00
DANIDA	Tamilnadu	11.00
DFID	Orissa	3.00
FRG	Maharashtra	10.00
UNFPA	District RH Project in one district each in Kerala, Maharashtra, Rajasthan, Bihar & Himachal Pradesh	4.00
	Area Project HQtrs	2.00

NEW PROJECT

DANIDA	Madhya Pradesh	5.00
UNFPA	IPD Project in 40 districts of 8 States	25.00

120.00

=====

IPP-VIII-ADDITIONAL CITIES/STATES
ADDITIONAL STAFF PROPOSED

Type of Unit	Designation	No. of posts
--------------	-------------	--------------

ANDHRA PRADESH

Project Implementation Wing

1.	Joint Director	1
2.	Accounts Officer	1
3.	Superintendent	2
4.	Clerical Assistant	4
5.	Data Entry Operator	2
6.	Class-IV, Asstt.	3

		13
		=====

Consultants

1.	Procurement Consultant	1
2.	Community Deptt. & IEC Consultant	1
3.	Regional Consultant	6
4.	IEC Consultant	6

		14
		=====

ADDITIONAL CITY PROPOSALS - IPP -VIII
TYPE OF FACILITIES AND STAFFING PATTERN

I. ANDHRA PRADESH:- No. of towns/cities covered - 73

<u>Sl.No.</u>	<u>Type of facilities</u>	<u>Total No.</u>	<u>Staffing pattern</u>
01.	Urban Health Centre	126	M.O. - 1 ANMs - 2 Assisting - 1 Staff (for cleaning) ----- 4
02.	Urban Health & Maternity Centre	57	M.O. - 1 Staff Nurse - 1 ANM - 2 Assisting staff (for cleaning) ----- 5 -----

II. Karnataka:- Cities covered 11

01.	Health Centres	33	M.O. - 1 LHV - 1 ANM - 3 ----- 5 -----
02.	Maternity Home	3	M.O. - 1 Staff Nurse - 3 Peons - 3 Ayah - 3 Laboratory Technician - 1 Driver - 1 ----- 12

✓ III. WEST BENGAL:-

Cities covered - 10

01. Health Administrative 38
Units/Health Posts

M.O. - 2
2nd tier - 2
Supervisor
ANM - 1
PHN - 1
Clerk-cum- - 1
store keeper
Attendant - 2
Sweeper - 1

10

All are part-time

02. Combined OPD/Maternity Home - 11

M.O. - 2
Nurses - 4
Pharmacist - 1
Laboratory - 1
Technician
Clerk-cum- - 1
store
keeper
Attendant - 2
Sweeper - 2

13

in addition, specialis
doctors in 3 disciplines
@ Rs.1000/- p.m. for two vis
per week.

IV. Delhi:- No new facilities.

The staff for these facilities would be created by the conce
Municipalities or Corporations.

CONSTRUCTION ACTIVITIES IN THE ADDITIONAL CITIES AND UNDER LOGISTIC PROJECTS

(Rs. in lakhs)

NAME OF STATE	DESCRIPTION OF ITEM	UNIT COST	NO. OF UNITS	TOTAL COST
Andhra Pradesh	1. Urban Health Centres 2. Urban Health & Maternity Centres (including labour room, staff quarters for staff nurse, ANM and Class IV)	11.00 19.80	126 57 183	1,386.00 1,128.60 2,514.60
Karnataka	1. New Health Centre 2. New Maternity Home 3. Renovation of existing UFWC 4. Minor repairs of existing UFWC 5. Renovation of existing Maternity Home/PPC	16.00 57.04 10.00 2.00 2.00	45 8 3 18 14 88	720.00 456.32 30.00 36.00 28.00 1,270.32
West Bengal	1. Minor Civil Works for Sub Health Posts 2. Health Post (with attached 50 sq.m store) 3. Health Posts (without attached store) 4. General OPD 5. Repair/Renovation of existing primary school	0.35 17.16 15.17 50.46 1.00	282 36 2 11 52 383	98.70 617.76 30.34 555.06 52.00 1,353.86
Delhi (only additional activity)	Renovation of Maternal and Child Welfare Centres Total Civil Works Cost for additional cities and additional activities in Delhi }	10.00	8	80.00 5,218.78
LOGISTIC PROJECTS				
Uttar Pradesh	1. Construction of 14 Regional Stores and One State Store 2. Renovation/repairs to Regional Stores	60.00 1.00	15 14	900.00 14.00 914.00
Tamil Nadu	Construction of 5 Regional Stores	60.00	5	300.00
Total Civil Works Cost for Logistic Projects				1,214.00
Total Civil Works Cost (for additional cities, logistic projects, etc.)				6,532.48 lakhs i.e. Rs.66.00 Crores

No. 14042/11/98-PAMD
GOVERNMENT OF INDIA
PLANNING COMMISSION
(Project Appraisal & Management Division)

Yojana Bhavan, Sansad Marg,
New Delhi, Date: October 13, 1998

NOTE FOR EXPENDITURE - FINANCE COMMITTEE

Subject: World Bank - assisted VIII India Population Project in the four cities of Bangalore, Calcutta, Delhi and Hyderabad - Extension of Project; Ministry of Health & Family Welfare.

1.0 Project Profile

1.1 The salient features of the Project are:

- | | | |
|----------------------------------|---|--|
| i) Nature of the project | : | Continuing Centrally Sponsored |
| ii) Original Cost | : | Rs. 223.37 Crore |
| iii) Revised cost of the project | : | Rs. 422.01 Crore |
| iv) Implementation Period | : | To be extended to 2001. |
| v) Manpower requirement | : | Additional 1289 regular posts; 1847 part-time posts and 14 consultants. |
| vi) Funding pattern | : | 90% of the project cost of Rs. 170.38 crore to be provided by the Centre; 10% by the participating States. Rs. 28.26 crore, the cost of the logistic improvement project will be funded fully by the Ministry of Health & Family Welfare. World Bank aid will be to the tune of 82% as a reimbursible basis. |

2. Objective:

Implementation of area development projects with external aid have been one of the strategies of the National family Welfare Programme. A number of projects with assistance from World Bank, DANIDA, UNFPA, DFID have been taken up in different States & Urban areas with a view to bring about reduction in fertility and maternal and child mortality by providing health and family welfare services to people.

2.1 India Population Project (IPP) VIII has been operation since 1993 in the four cities of Bangalore, Hyderabad, Calcutta and Delhi with the specific aim to give family welfare and health care services to the urban slum population in these cities. The total cost of the project was Rs. 223.37 Crore with World Bank assistance to the tune of \$ 79.00 million.

2.2 It is, however, estimated that even if the entire sanctioned cost of Rs. 223.37 crores is spent, credit savings to the tune of Rs. 158.14 crores (corresponding to project expenditure of Rs. 193.00 crores) are likely due to exchange rate fluctuations and the unutilised provision for preparation of new projects. During the Mid-Term Review of the Project by the World Bank Mission in June-July 1998, the need for covering additional cities in the four Project States for utilising the likely savings was considered. Proposals for covering additional cities were obtained from the concerned Project States and after scrutiny, were recommended to the World Bank Mission for their approval. After completing the technical appraisal of these proposals, the Bank Mission recommended the proposals at the conclusion of their Mid-term review of the project. Accordingly, an additional Project outlay of Rs. 198.64 crores is proposed to be approved for fully utilising the likely credit savings under the IPP-VIII Project. The appraised proposals also included proposals received from Government of UP and Government of Tamil Nadu for meeting partially the logistics requirements in the respective States.

2.3 The instant proposal is aimed at utilising the savings by (i) extending the implementation period from 1998 to 2001; (ii) extending the coverage in West-Bengal, Karnataka and Andhra Pradesh (iii) taking up logistic improvement programmes in Tamil Nadu and U.P and (iv) enhancing the cost of the project to Rs. 422.01 crore.

2.4 It is envisaged to extend the programme to additional 10 cities in West Bengal, 11 cities in Karnataka and 73 cities/towns in Andhra Pradesh. The project cities are reported to be characterised by the existence of large segments of slum population in extremely poor living conditions.

2.5 Logistic Improvement Project:

It is also proposed to strengthen the existing arrangements in UP and Tamil Nadu for receiving supplies of drugs, Vaccines and contraceptives from manufacturers and for storage in medically acceptable conditions. Thus the project will include construction of warehouses at regional level, deployment of dedicated staff for handling and storage, monitoring of stocks through computerised system and management through State level corporation or new corporation. In case of U.P. the state warehouse will be expanded and 14 regional warehouses constructed for material handling and in case of Tamil Nadu, the existing Tamil Nadu Medical services Corporation will be strengthened and five regional warehouses constructed. After the initial two years, the State body will be paid 10% of the value of drugs handled by it for maintenance.

3.

3.1 IPP-VIII became operational in 1993 and as on May 1998, the expenditure was only Rs. 59.81 crore out of the total cost of Rs. 223.37 crore. Delay in obtaining sites for buildings, getting clearances from World Bank for drawings, procurement plan etc. are given as the reasons for low expenditure on Civil works and procurement. IPP-VIII is the eight project in this series of Area Development projects which have been taken up under the National Family Welfare Programme in different States with World Bank assistance. Considering the delays in land acquisition, procurement etc. which project authorities generally face it had always been stressed that acquisition of required land for civil construction, approval of procurement plans etc. are finalised before the commencement of the project. It is not clear how these aspects had been overlooked by the implementing agencies at the centre and state, which had resulted in the poor performance of the project. It is the view of the Planning Commission that the cost over runs due to this delay should be specified and responsibility fixed.

3.2 Preliminary findings of the mid-term review of IPP-VIII project reveal that the antenatal coverage in Calcutta has gone down as compared to the level estimated in the baseline survey. Similarly in Hyderabad there is a decline in DPT/Polio immunisation coverage and contraceptive prevalence rate. Institutional deliveries in Delhi have been estimated to be 16% in the baseline survey and 22% in the mid-term review. This seems to be an under estimate and requires further investigation whether this is accurate. The reasons for decline in the indicators of service delivery as per the details above needs to be identified. A copy of the mid-term review of IPP-VIII project may be sent to Planning Commission.

3.3 Under the project a number of new cities/towns with substantial slum population are being added for extending the project activities. As such, the basic aim of the extended project is to develop appropriate primary health care delivery mechanism in the urban areas. The Approach Paper to the Ninth Five Year Plan has also identified the development of urban health care system as an area to which due attention is to be paid. The approach paper envisages initiating steps for developing a well-structured organisation of urban primary health care to ensure basic health and family welfare services to all inhabitants within 1-2 kilometres of their dwellings. The approach paper further stresses to develop appropriate referral linkages between primary and secondary and tertiary care facilities in defined geographic areas so as to promote optimal utilization of all available facilities. Local self governments are to be increasingly involved in the implementation of health, water supply and sanitation programmes which can significantly improve the health status of urban population especially slum dwellers and those living below the poverty line. The programmes in the extended IPP-VIII project may be formulated keeping in view the recommendations made in the approach paper to the Ninth Five-year Plan.

3.4 Logistic Improvement:

The proposal includes construction of warehouses and the expansion of the State warehouses in U.P. and of the Tamil Nadu Medical Services Corporation. The network of storage facilities will be managed by either the existing corporation or by a new corporation.

3.5 It is the view of Planning Commission that the existing infrastructure facilities should be utilised to their maximum capacity before envisaging new institutions. Management of storage facilities of drugs should be given to the existing institutions. Creation of new institutions for the limited function of networking drug supplies is not recommended since these have a tendency to become permanent liability of the State Governments. Also, construction of new warehouses should be kept to the minimum. The objective should be to adapt the existing buildings to the requirements of the proposal. Detailed proposals under logistics projects should be provided for review and appraisal. The experience in terms of increase in efficiency and utilization and reduction in wastage and costs may be assessed in Tamilnadu after first year of the project and shared with Planning Commission. The project in UP which will begin more or less from the initial stage may have to be carefully monitored for providing appropriate assistance especially in the initial two years. The experience may be also shared with Planning Commission so that these will help in formulation and appraisal of projects in the case of Rajasthan, Orissa, Gujarat and Andhra Pradesh.

4. Project Implementation Unit:

IPP-VIII has provision for project implementation units in project states responsible for completion of various project activities. The proposal envisages to strengthen the units in view of the increase in work load due to expansion of activities in additional cities.

4.1 The progress in Civil work and procurement of IPP-VIII so far have been quite unsatisfactory. Since PIU is the responsible body for timely completion of civil works and procurement, further strengthening of PIUs is not recommended. Any proposal for strengthening should have an accountability clause to fix responsibility in case of delays in implementation.

5. Cost estimates:

The total cost of the project is Rs. 422.01 crore. In the revised project also, the predominant components, in terms of cost, are procurement and Civil works. Thus the expenditure pattern will depend upon the progress in these two components. In respect of civil works involving land acquisition all necessary clearances from line departments like Forest, Environment should be taken before the commencement of the project. Alternate methods of acquiring suitable premises such as hire/purchase of already constituted Government/municipal

buildings may have to be explored. Also procurement details with regard to the agency, classification of items into ICB and LCB and necessary clearances from World Bank should be finalised before the starting of the project. The status of progress in these may be given at the time of EFC Meeting.

6. The Memo does not contain the percentage funding by World Bank in each component. However, in the case of Salaries, it is presumed that assistance must be on a graded scale; with the percentage assistance from the donor reducing with years. The confirmation from the State Governments to take up the salary liabilities may be taken before the convening of the EFC Meeting. Also there are expenditure shown against repairs and renovation in all the project states. These items of expenditure are not admissible under plan, and may thus be deleted.

7. Cost Variance Analysis:

The EFC Memo has a cost variance analysis which gives information on excess cost due to various factors, in respect of various items. Except in case of Delhi, the analysis show no excess due to time overrun. This, however, does not tally with the information given in the text of the memo regarding delays in civil works and procurements. In fact, a part of the increased cost due to price escalation given in the chart, may be due to time overrun. This may be clarified.

8. Manpower requirement:

The proposal has envisaged a total of 1289 additional regular posts, 1847 part time posts in Andhra Pradesh and West Bengal and 14 Consultants in Andhra Pradesh. Planning Commission cannot support this large number of additional staff in view of the huge liability this will entail on the State Governments. All the appointments should be approved by the Department of Expenditure, before the commencement of the project. Project implementation unit and the administration wing should be kept lean. Further strengthening of PIUs is recommended only on the proviso that they are made accountable to cost overruns, if any, of the project.

9. Monitoring Unit at the Centre:

The proposal has a provision of Rs. 2.00 crore for improving the monitoring system in the Ministry of Health And Family Welfare. The Ministry has been implementing a large number of externally aided projects. In IPP itself, they have the experience of operationalising nine large projects. In every project a provision is kept for the strengthening of monitoring unit at the Centre. Hence Rs. 2.00 crore envisaged for the Monitoring Unit at the centre is not recommended. Ministry is however requested to furnish the details of existing monitoring set up for various projects.

10. Training and Consultancy:

The proposal envisages an amount of Rs. 12.27 crore for training and Rs. 6.57 crore for consultancy. There are a number of externally aided projects, in operation in all these Project States, which have provisioning for training. Thus there is a likelihood of duplication and wastage. It is not clear whether any assessment have been made as to skills lacking in the staff and the type of training required. Further appointment of consultants, expatriate or national, should be discouraged since it diverts funds from the developmental activities of the project.

11. IEC:

IEC activities form a part of all the internationally aided projects as also the domestic projects being taken up in the Sector. There is considerable scope for co-ordinated action in this area, through pooling of resources from all the programmes in the sector.

12. Findings and Conclusion:

12.1 The proposal is for modifying the ongoing IPP-VIII project by extending the date of completion to 2001, expanding the project cities in Karnataka, Andhra Pradesh and West Bengal and developing logistic improvement in medicine supply in UP and Tamil Nadu. The revised cost of the project is Rs. 422.01 crore.

12.2 The cost over-runs in the on-going IPP-VIII due to delay in civil works and procurement may be specified.

12.3 The reasons for the decline in the antenatal coverage in Calcutta and Hyderabad as given in the mid-term review may be identified.

12.4 Programmes in the extended IPP-VIII project may be formulated keeping in view the recommendations made in the approach paper to IXth Plan, detailed in para 3.3 of the appraisal note.

12.5 Confirmation from the State Governments on their willingness to take up the recurring liabilities to be obtained before the convening of the EFC Meeting.

12.6 In the logistic Improvement project, the preference should be for making use of / adapting existing buildings for warehouses. Constructions of new buildings should be undertaken only in case of utmost necessity.

12.7 Detailed proposals under logistic projects should be provided for review and appraisal.

12.8 The experience in terms of increase in efficiency and utilization and reduction in wastage and costs may be assessed in

Tamilnadu after first year of the project and shared with Planning Commission.

12.9 Management of the project should be given to existing state level corporation. Setting up of new corporations for the limited function of networking drug supplies is not recommended.

12.10 Alternate methods of acquiring suitable premises such as hire/purchase of already constituted Government/municipal buildings may have to be explored.

12.11 Strengthening of PIUs cannot be recommended in their present form, in view of their unsatisfactory performance relating to Civil works and procurement so far. Any proposal for strengthening should have accountability clause for delays in implementation.

12.12 Formalities regarding land acquisition like clearances from departments of Forest, Environment should be taken before the commencement of the project.

12.13 Procurement details should be worked out with regard to the agency; classification of items into LCB and ICB and necessary clearances from World Bank should be finalised before the starting of the project.

12.14 The manpower proposed need to be reviewed taking into consideration the huge liability this will impose on the State Governments. PIUs and Administration should be kept lean. Contractual appointments can be justified only if the jobs are of a short term nature. Details on job specifications in case of contractual appointments may be furnished.

12.15 The amount of Rs. 2.00 crore for strengthening the monitoring unit at the Centre with appointment of consultants is not recommended in the absence of proper justification.

12.16 Expenditure shown against repairs and renovation are not admissable under plan and as such may be dropped.

12.17 Information on component-wise funding (in percentage terms) may be furnished.

12.18 The requirement envisaged for training needs to be reviewed since it is a common component in all the projects and there is a likelihood of duplication.

12.19 Appointment of consultants should be discouraged and the envisaged amount should be diverted to developmental programmes of the project.

12.20 IEC activities of all the programmes in the sector should be dovetailed and a strategy for a low cost, decentralised and integrated effort should be evolved.

12.21 Outlay required for the project have to be accommodated within the Ninth Plan Outlay approved for the Meeting.

12.22 Comments of FA(MH&FW) have not yet been received. This may be circulated before the convening of EFC Meeting.

**OBSERVATIONS OF THE APPRAISING DEPARTMENTS AND THE
COMMENTS OF THE DEPARTMENT OF FAMILY WELFARE**

PLANNING COMMISSION

1. The cost over-runs in the on-going IPP-VIII due to delay in civil works and procurement may be specified.

2. The reasons for the decline in the antenatal coverage in Calcutta and Hyderabad as given in the mid-term review may be identified.

3. Programmes in the extended IPP-VIII project may be formulated keeping in view the recommendations made in the approach paper to IXth Plan, detailed in para 3.3 of the appraisal note.

MINISTRY OF HEALTH & FAMILY WELFARE

1. A consolidated cost variance analysis as suggested by department of Expenditure is added at Annex-XIII. The cost over-runs in civil Works and procurement due to escalation are as under:-

<u>Item</u>	<u>Cost over-runs</u> (Rs. in Crores)
Civil Works	19.18
Procurement	8.43
Total	<hr/> 27.61

2. The Calcutta Project authorities have clarified that the baseline data of 82% antenatal coverage is the total of 1st, 2nd, 3rd or more check ups. Actually, according to norms i.e. 3 check ups per pregnancy being the performance criteria, it should be 47% as identified in the baseline by the Indian Statistical Institute and 79% in their Mid-term Evaluation during May-June 1998. As such, the increase in antenatal coverage as per performance criteria from 47% to 79% may be considered to be encouraging. In case of Hyderabad, the antenatal coverage has actually gone up from 91% to 95%.

3. The approach paper to the IXth Plan envisages initiating steps for developing a well-structured organisation of urban primary health care to ensure basic Health & Family Welfare services to all inhabitants within 1-2 kms. of their dwellings. The extension of the IPP-VIII Project to additional cities as explained in the EFC Memorandum is itself a big step forward in bringing basic Health and Family Welfare services to the inhabitants of slums in these cities. Focus is given to developing health facilities for slum areas as there are no

organised outreach services or infrastructure developed for Primary Health Care, Family Welfare and MCH Services in slum areas. The Health Care Service delivery systems including outreach services are grossly inadequate in all the identified cities resulting in high level of reproductive morbidity among women. The facilities proposed like Urban Health Centres and Urban Health and Maternity Centres in additional cities of Andhra Pradesh, Health Centres and Maternity Homes in 11 cities of Karnataka and the Health posts and Maternity Homes in 10 cities of West Bengal, all constitute a well conceived structure for Urban Primary Health Care providing appropriate referral linkages. The structures proposed are on the pattern already developed for IPP-VIII Project in Hyderabad, Bangalore and Calcutta. More specifically, in the case of extension of IPP-VIII in West Bengal, the activities are proposed to be implemented by the concerned municipalities with support from State Urban Development Agency, Calcutta Metropolitan Development Authority and Health & Family Welfare Department of the State Govt. The local bodies are being involved in all stages of planning, implementation and monitoring of the project. The health facilities are created within 1-2 km of the dwellings of the beneficiaries. By ensuring involvement of local community leaders, it is possible for urban municipalities to ensure coverage of all the ongoing programmes pertaining to health, community Development and infrastructural development.

4. Confirmation from the State Governments on their willingness to take up the recurring liabilities to be obtained before the convening of the EFC meeting.

4. The States except Delhi have confirmed their willingness to take up the recurring liabilities of the Project. In the case of Delhi, the Municipal Corporation of Delhi has taken up the matter with the Government of Delhi. In the case of logistic projects, the liability

would be met out of the 10 percent mark up of the value of supplies made to the concerned State each year by Govt. of India.

5. In the logistic Improvement project, the preference should be for making use of /adapting existing buildings for warehouses. Constructions of new buildings should be undertaken only in case of utmost necessity.

5. The possibility of adapting the existing infrastructure to meet the requirements of the warehouse would be explored before constructing the new buildings as suggested by the Planning Commission.

6. Detailed proposals under logistic projects should be provided for review and appraisal.

6. Detailed proposals of logistic projects in UP and Tamilnadu have been sent to Planning Commission for review as desired.

7. The experience in terms of increase in efficiency and utilization and reduction in wastage and costs may be accessed in Tamilnadu after first year of the project and shared with Planning Commission.

7. Noted for compliance.

8. Management of the project should be given to existing state level corporation. Setting up of new corporations for the limited function of networking drug supplies is not recommended.

8. In case of Tamilnadu, implementation of logistic project will be undertaken by the existing Tamilnadu Medical Services Corporation. In UP, in the absence of any existing Corporation, there is need for setting up the new corporation for managing the drug supplies system in the States.

9. Alternate methods of acquiring suitable premises such as hire/purchase of already constituted Government/municipal buildings may have to be explored.

9. The State Governments have been advised to explore the possibility of acquiring suitable premises for hire/purchase of already constructed Government/Municipal buildings. The States have already initiated steps to identify suitable community premises, buildings under the control of State Govt. or municipality for setting up health facilities. Construction of new buildings will be taken up only where it is essential.

10. Strengthening of PIUs cannot be recommended in their present form, in view of their unsatisfactory performance relating to Civil Works and procurement so far. Any proposal for strengthening should have accountability clause for delays in implementation.

10. The proposal for strengthening of Project Implementation Units mostly relate to new cities. In fact, except in Karnatak where two Engineers are being appointed, the staff now proposed for Project Implementation Wing in both Andhra Pradesh and in the West Bengal are for new municipalities proposed to be covered. As such, the slow progress in Civil Works and procurement cannot be the reason for not considering the Project Implementation Units for these Projects. Though no further extension beyond 30.6.2001 is contemplated, the strengthening of the Project Units would be linked to accountability clause to avoid delay in implementation.

11. Formalities regarding land acquisition like clearances from departments of Forest, Environment should be taken before the commencement of the project.

11. As the construction involves only small buildings and proposed to be undertaken in the already available sites, the clearances from Departments of Forest and Environment are not required. However, the State Governments would be advised to take necessary action in this regard well before the commencement of the Project. In fact, the West Bengal, Karnataka and Andhra Pradesh have intimated that all the required clearance have been obtained and sites are available.

12. Procurement details should be worked out with regard to the agency; classification of items into LCB and ICB and necessary clearance from World Bank should be finalised before the starting of the project.

12. Noted for compliance. The existing Project management Units would assist in procurement for the additional cities now being taken up. The Bank procedures for procurement like preparation of procurement plans, NCB and ICB documents etc. would be completed before starting the Project.

13. The manpower proposed need to be reviewed taking into consideration the huge

13. While there may be need for reviewing the manpower proposed under the Project, it

liability this will imposed on the State Governments. PIUs and Administration should be kept lean. Contractual appointments can be justified only if the jobs are of a short term nature. Details of job specifications in case of contractual appointments may be furnished.

is also necessary that minimum staff for service delivery and for timely implementation of the Project are provided so that it would be possible to achieve the objectives of the Project within the limited time now available. The staff proposed for the facilities now being created are also minimum required for delivering the services in the various cities and towns so that appropriate Primary Health Care mechanism is available in these urban areas. The States have proposed only minimum number of staff after consultation with concerned municipalities and keeping into account the liabilities after the project period. The State Governments have already agreed to meet the recurring liabilities of the additional posts proposed to be created under the Projects. Job specifications would be prepared for the posts where contractual appointments are involved.

14. The amount of Rs. 2.00 crore for strengthening the monitoring unit at the Centre with appointment of consultants is not recommended in the absence of proper justification.

14. The amount of Rs. 2.00 crores is for strengthening the Monitoring System in the Ministry by engaging Consultants/Consultant Organisations especially in the field of Civil Works, MIES etc. The provision would also be utilised for procurement of Computer and Computer softwares and other equipments and furniture to facilitate effective monitoring of the Projects. As lot of emphasis is being given for effective monitoring of the implementation of these projects, it is necessary that adequate inputs are also provided for ensuring effective monitoring of the Projects. It is our experience that Consultants/Consultant Organisations are necessary for making frequent field visits to the cities or towns for ensuring quality of construction and timely completion of civil works. Considering the limited staff available for dealing with all the ongoing Area Projects, it is extremely difficult to undertake regular field visits by the Ministry staff to ensure effective monitoring of the Projects.

15. Expenditure shown against repairs and renovation are not admissible under plan and as such may be dropped.

15. The civil works under the proposal include not only new works for creation of additional facilities but also renovations and repairs to the existing buildings to make them

fully operational. The need for making suitable provision for repairs and renovations was discussed in detail with the State Governments and the World Bank and only then repairs and renovations to limited number of units as indicated in Annex X have been proposed. This would enable the existing health facilities to function effectively. It may also be noted that out of the total provision of Rs. 66.00 crores for Civil Works, only an amount of Rs. 3.35 crores is proposed for repairs and renovations. These repairs would help to avoid new construction leading to cost escalation.

In regard to Family Welfare, provision for renovation under Plan can not be avoided as there is no non-plan in Family Welfare. Such provision exists in World Bank assisted RCH project also.

16. Information on component-wise funding (in percentage terms) may be furnished.

16. Information on component-wise funding is added at Annex.XIV.

17. The requirement envisaged for training need to be reviewed since it is a common component in all the projects and there is a likelihood of duplication

17. The additional requirement for training is only Rs. 4.86 crores for all the Project cities as well as for the logistic projects. The training activities proposed are specific to the Project and propose to cover the staff currently not receiving training under any of the programmes. In fact, only minimum requirement for training has been included keeping in view all the training programmes envisaged under different projects and these have been discussed in detail with World Bank Mission and the State Governments. The States will, however, be advised to avoid any duplication in training by co-ordinating with their State Institutions for Health & Family Welfare.

18. Appointment of consultants should be discouraged and the envisaged amount should be diverted to developmental programmes of the project.

18. Under the World Bank assisted Projects, appointment of Consultants is encouraged to provide the much needed technical expertise and experience to the Health Delivery System. The need for Consultancy is felt largely in the field of architectural designs and civil works, IEC and procurement and baseline studies. The number of Consultants has, however, been kept to the minimum.

suggested that project authorities may please first take necessary comments from FA (Health & F.W.) and same may be incorporated in the Memo.

added in this Annex subsequently alongwith the observations of the Department

(iii) It is seen from Annexure-III of the Memo that the progress of the project is not satisfactory. The total expenditure incurred under the project upto May, 1998 is Rs. 59.81 crores only. The reason for incurring an expenditure on the lower side as indicated is not justified. It appears from the EFC Memo as well as progress of the project that project was poorly handled by project authorities. The project was approved by CCEA on 7.7.93 for a period of five years at the cost of Rs. 223.37 crores, but the expenditure after expiry of five years is only Rs. 59.81 crores. It shows that neither the project authorities nor concerned State Govt. had given proper attention for this project. Therefore, M/o Health & F.W. may please explain why the DPR for the project was not prepared in a proper manner and why all the formalities were not completed before implementation of the project. For all these lapses M/o Health & FW may fix the responsibility and take action against those who are responsible. In any case Standing Committees for cost over-run & time over run has already been set up recently to stake decision in this matter. It is suggested that Standing Committee set up in the M/o Health may examine the issues and fix the responsibility.

(iii) Though the expenditure up to May, 1998 was Rs. 59.81 crores, the expenditure as on 30th September, 1998 is Rs. 72.57 Crores. Though the Project was approved by CCEA for a period of five years, the agreement with the World Bank was signed for a period of 7 years i.e. up to 30.6.2001. Considering the experience of previous IPP Projects, it was apparent that the Project could not be completed during a period of five years. However, the need for completion of the Project within the period of five years was also brought to the notice of the State Governments from time to time, so that the delivery of services to the urban slum population could take place earlier than the period of 7 years agreed with the Bank.

While the objectives relating to delivery of services in the slum areas of the four cities were more or less achieved, the delay in the civil works on account of non availability of proper sites in the cities especially in the slum areas was the main reason for the slow pace of expenditure under the Project. This difficulty was faced by all the project cities. In case of Bangalore, there were also disputes in certain sites. In that city, the construction for National Games, which included stadiums, housing colonies, etc. also resulted in delay in constructions under the projects. However, that city has now identified all the sites needed for the project and good progress was achieved in 1996-97. In Calcutta, since suitable and adequate land as per model plans was not being available, site specific plans had to be prepared for individual buildings.

The delays in obtaining clearances from the World Bank largely due to changes in site plans and architectural designs was another factor. In Calcutta, the need for preparing National Competitive Bidding Document as per World Bank procedures for construction of small buildings scattered over an area of

19. IEC activities of all the programmes in the sector should be dovetailed and a strategy for a low cost, decentralised and integrated effort should be evolved.

19. The need for IEC activities is generally different from Project to project as it involves a different target population. These projects primarily aim at urban slum population and the IEC activities are dovetailed to meet the needs of this section of the urban population. In case of West Bengal, the IEC activities will be mostly organised by CMDA who has developed considerable inhouse expertise in preparation of IEC materials for community based health programme. Since the municipality will remain in overall charge of project implementation including IEC activities, it would be possible to adopt an integrated approach at the local level. In Karnataka adequate materials are developed for IEC activity under IPP-VIII, Bangalore and they will be utilised in other urban area project. Low cost, decentralised integrated efforts for IEC, city-wise, have been made to bring about attitudinal changes towards small families.

20. Outlay required for the project have to be accommodated within the Ninth Plan outlay approved for the Meeting.

20. The Outlay required for the Project will be accommodated within the Ninth Plan outlay.

21. Comments of FA(MH&FW) have not yet been received. This may be circulated before the convening of EFC Meeting.

21. The comments of the Financial Adviser have been added to the EFC Memorandum in this Annex alongwith the observations of the Department.

MINISTRY OF FINANCE, DEPTT. OF EXPENDITURE, PLAN FINANCE II

MINISTRY OF HEALTH & FAMILY WELFARE

(i) Please indicate the total requirement of funds during the IXth Plan as well as remaining period of the IX th Plan and also indicate the position of funds in the IXth Plan proposed and if finalised. The Ministry may ensure that adequate funds are available within the overall outlay decided by the Planning Commission.

(i) The proposed provision for Area Projects during the IXth Plan is Rs. 940.00 crores. An amount of Rs.100 Crores was proposed for the Project. It will be ensured that adequate funds are provided to the Project from out of the outlay indicated by the Planning Commission for the remaining period of the Project, out of the annual outlays for the Area Project Scheme.

(ii) It is seen from the Memo that necessary comments/views of FA have not been obtained by the Ministry of Health. Therefore, it is

(ii) The comments of the Financial Adviser, Ministry of Health & Family Welfare have been obtained and they are

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While the objectives relating to delivery of services in the slum areas of the four cities were more or less achieved, the delay in the civil works on account of non availability of proper sites in the cities especially in the slum areas was the main reason for the slow pace of expenditure under the Project. This difficulty was faced by all the project cities. In case of Bangalore, there were also disputes in certain sites. In that city, the construction for National Games, which included stadiums, housing colonies, etc. also resulted in delay in constructions under the projects. However, that city has now identified all the sites needed for the project and good progress was achieved in 1996-97. In Calcutta, since suitable and adequate land as per model plans was not being available, site specific plans had to be prepared for individual buildings.

The delays in obtaining clearances from the World Bank largely due to changes in site plans and architectural designs was another factor. In Calcutta, the need for preparing National Competitive Bidding Document as per World Bank procedures for construction of small buildings scattered over an area of

1400 sq.km. executed by 3 Municipal Corporations and 38 Municipal Authorities took time. Considerable difficulties were also experienced by them in selecting contractors as per norms of the World Bank for construction of comparatively small Health Administrative Units.

Delays were also experienced by project cities in making procurement of goods as per World Bank procedures. Considerable time was required to obtain specifications for equipments, furniture and other items as required by the World Bank. The need for orienting the officials to the World Bank procedures for procurement of civil works, equipments etc. also contributed to delay. The important thing, however, is that the project cities have been able to overcome most of these difficulties and the projects are now poised for significant progress both in terms of physical targets and expenditure.

Since the agreement with World Bank is for a project period of seven years, the EFC is now being approached for extension of the Project only for the remaining two years as per the agreement with the World Bank. As regards the question of fixing up responsibility for cost over-run and time over-run, the Standing Committee in the Ministry of Health and F.W. will be looking into these issues. It may, however, be added that out of the additional outlay of Rs. 198.64 crores being sought, Rs. 150.36 crores is for covering additional cities and two new States of UP and Tamilnadu for logistic projects and only the Rs. 48.28 crores are proposed for the existing cities, out of which the outlay required for meeting cost over-runs, is only Rs.27.61 crores.

(iv) The new activities proposed during the extended period with cost of each activities may be furnished.

(v) There is a need for strict monitoring to ensure that there is no more time and cost over run.

(vi) It may be indicated whether any comprehensive evaluation of the area projects has been undertaken/completed during the last five years. If so, a copy of the same may be annexed with memo.

(iv) The new activities proposed for the additional cities are already indicated at Annex V for State of Andhra Pradesh, Karnataka, West Bengal and also at Annex X giving details of Construction activities to be taken up in the additional cities and for the logistic projects proposed in UP and Tamilnadu. The State-wise Cost Variance analysis at Annex-IV indicates the category-wise costs involved for the additional cities. In addition, the details of cost involved for logistic projects in UP and Tamilnadu are indicated at Annex VI in Statements II & III.

(v) The need for strict monitoring of the project activities to avoid any further cost over runs is noted. In fact, the State Governments were already informed during the framing of proposals that no further extension would be possible for implementation of the Project. Accordingly, identification of sites, approval procedures and other steps required for timely completion of the activities have already been initiated by the State Governments. In West Bengal, people's representatives and Municipal functionaries have been advised to keep close vigil over implementation. Local Coordination committees will review regularly the physical and financial progress. In Karnataka, the monitoring will be done regularly both at State Level Project Advisory and Co-ordination Committee and Project Implementation Committee.

(vi) No comprehensive evaluation of the Area Projects has been undertaken during the last five years. However, while considering the IPP-VI Project in 1990, a group of Ministers reviewed the Area Project Scheme in detail and recommended its continuance before clearing the IPP-VI Project. In addition, they also recommended that further projects may be taken up for remaining States and as a result, the IPP-VII Projects were formulated which were followed by the IPP-VIII Project in the urban areas of four States. Mid-term review of the individual Projects as well as end line evaluation of such projects are always carried out to assess the impact of the Project.

(vii) The phasing of expenditure from the date of implementation may be indicated.

(vii) The phasing of expenditure is as under:-

<u>Year</u>	<u>Expenditure</u> (Rs. in crores)
1994-95	1.89
1995-96	5.11
1996-97	19.32
1997-98	30.13
1998-99	16.12 (9/98)
Total:	72.57

(viii) The total credit available from IDA etc. for Area Projects as a whole and for IPP VIII Project may be indicated. Further the total State's share in the current project cost may be indicated.

(viii) Currently only IPP-VIII and IPP-IX Area Projects are under implementation with IDA credit. The assistance available for both the Projects is as under:-

IPP-VIII	- US \$ 79.00 Million
IPP-IX	- US \$ 86.60 Million
	\$165.60

Million

The total share of the State in the current Project is Rs. 223.27 crores while that as per the revised proposal is Rs. 419.91 crores. The details are given in para 21 of the EFC Memo.

(ix) The exchange rate used to estimate the total project cost may be indicated.

(ix) The exchange rate used to estimate the total project cost is 1 US \$ = Rs. 42.00, as indicated in para 16 of the EFC Memo.

(x) It may be clarified whether the commitments have been made by the concerned State Govt. to bear the recurring liabilities after the expiry of the present project.

(x) The State Governments of Andhra Pradesh, Karnataka and West Bengal have committed to meet the recurring liabilities after the expiry of the present project. In the case of Delhi, the State Govts. commitment is being processed by the Municipal Corporation of Delhi. In the case of logistic projects, the liability would be met out of the 10 per cent mark up of the value of supplies made to the concerned State each year by the Government of India.

(xi) The IPP-VIII Project was approved by CCEA only for four cities of Bangalore, Calcutta, Delhi and Hyderabad. Now the Ministry of Health is covering more cities in West Bengal, Karnataka, Andhra Pradesh and

(xi) Detailed justification for proposing logistic support in UP and Tamilnadu is already given in paras 11-13 of the EFC Memo. In fact, this is part of the Ministry's efforts to improve the logistic system in all

Delhi and also proposed logistic support to the project in UP and Tamilnadu. The idea to cover IPP-VIII is not clear. M/O Health & FW may please explain why they are considering to cover the UP and Tamilnadu under this Project.

the States for receiving supplies of drugs, vaccines and contraceptives from the Department of Family Welfare and their timely distribution without wastage. While other donor agencies like DANIDA and UNFPA are also being involved in improving the drugs distribution system in other States, UP and Tamilnadu have been covered under the IPP-VIII Project after detailed discussion with the World Bank during the mid term review of the IPP-VIII Project. The justification and the details of the facilities proposed to be provided are already indicated in detail in the paragraphs 11 and 13 as well as at Annex VI and Annex X of the EFC Memo.

(xii) On para 3 of the Memo it is mentioned that total expenditure incurred under the Project upto May 1998 is Rs. 59.81 crores only, whereas on page 13 of the memo indicates that an amount of Rs. 83.25 crores are already available with the IPP VIII Project States as on 1.6.98. It appears that M/o Health & F.W. has released excess amount to States without getting utilisation certificates from the concerned States. M/O Health & F.W. may indicate the procedures adopted by them for releasing the money to State under this project.

xii) Keeping in view the excess money released to the States earlier for implementation of the IPP-VIII Project, no further releases have been made for the IPP-VIII Project during 1997-98 and 1998-99. It is the practice to release sufficient funds in advance every year to ensure that the project implementation does not buffer due to non-availability of funds. Hence in the initial years of the Project, funds were released as per Action Plan submitted by States. When it was observed that pace of implementation was slow, no further releases were made in 1997-98 and 1998-99.

(xiii) It is doubtful whether the project will be completed by 30.6.2001. Project authorities may please confirm whether the project will be completed within extended period and without cost over-run. However, steps need to be taken to ensure that the activities targetted are completed within the extended period so as to optimally utilise the World Bank assistance and to avoid further time and cost over run.

(xiii) The State Governments have assured that all efforts will be made to complete the Project by 30.6.2001. In any case, no extension of the Project is possible as indicated by the World Bank and this has been brought to the notice of the State Governments concerned. The proposed Project activities have been framed in such a way that the committed IDA assistance would be fully utilised avoiding further time and costs over-runs. Preliminary steps like site selection, preparation of drawings and estimate, setting up of committees for regular monitoring, finalisation of fund flow mechanisms and staff selection procedures etc. have been taken up by the States to ensure that project will not over run in cost & time.

(xiv) A consolidated cost variance analysis chart may be annexed with the memo alongwith the reasons as in the proforma enclosed at Annexure-I.

(xiv) A consolidated Cost Variance Analysis for the entire Project is added as desired at Annex-XIII.

(xv) The Department of Health & F.W. is undertaking a major initiative in the form of starting Reproductive and Child Health Care Project. The RCH Project will also focus on increasing the involvement of NGOs, for improving the IEC activities and to increase community participation. As such the activities under these projects and the other usual activities of the D/O F.W. like IEC, training, Services and Supplies etc. would be overlapping. Care, therefore needs to be taken that there is no duplication of work and efforts.

(xv) The emphasis of the RCH Project is on the rural areas of the country though it is also proposed to cover urban areas of the country in phases under the RCH Project. The need for avoiding duplication of efforts was emphasised to the Project authorities in the States and they have ensured that there is no duplicating of efforts in IEC and other related activities vis-à-vis RCH Project.

(xvi) The excess amount over approved cost for the existing cities and amount to be incurred on the additional cities may be separately given in the EFC Memo.

(xvi) The excess amount over the approved cost for existing cities and the amount required for additional cities is indicated in Annex-XV.

(xvii) As per cost variance analysis furnished in Annexure V, the excess amount over approved cost is mainly due to change in scope and also under estimation. The reasons for change in scope have not been furnished in the Memo. M/O Health & F.W. may clarify why they are considering to revise the scope of the project at this late stage.

(xvii) Most of the amount indicated for change in scope is for taking up activities in the additional cities. Since these are new activities, they can only be classified under change in scope. The need for revising the scope of the Project by involving additional cities has already been explained in para 6 to 14 of the EFC memo. Not only the proposals will enable coverage of slum areas of additional cities for extending Primary Health Care and Family Welfare activities but the proposals would also help to utilise the IDA assistance fully. The change in scope envisaged is, however, fully within the overall objectives of the Project.

DEPARTMENT OF EXPENDITURE
(ESTT. DIVISION)

DEPARTMENT OF FAMILY WELFARE

Insofar as staff proposals are concerned, such proposals (if any) are required to be referred on the file through F.A. concerned after approval of EFC, also furnishing information specifically with reference to points mentioned in the prescribed checklist.

The view of the Department of Family Welfare is that, since the posts are proposed to be created only in the States and no central level posts are involved, the question of creation of posts in the States may be considered by the State Governments

involving their own Finance Departments. The posts meant for the health facilities are the minimum required to effect the delivery of quality services.

DEPARTMENT OF ECONOMIC AFFAIRS DEPARTMENT OF FAMILY WELFARE

The Department of Economic Affairs has supported the proposal submitted for EFC. Noted please.

FINANCE DIVISION, MINISTRY OF HEALTH & FAMILY WELFARE DEPARTMENT OF FAMILY WELFARE

1. The expenditure of Rs. 59.81 crores only was incurred under the Project upto May, 1998 against the sanctioned cost of Rs. 223.37 crores i.e. only 26.77 per cent of the approved amount has been utilised. The progress of the project shows the poor project management and needs to be seriously looked into.

1. Though the expenditure upto May, 1998 was Rs. 59.81 crores, the expenditure as on 30th September, 1998 is Rs. 72.57 crores. Though the Project was approved by CCEA for a period of five years, the agreement with the World Bank was signed for a period of 7 years i.e. up to 30.6.2001. Considering the experience of previous IPP Projects, it was apparent that the Project could not be completed during a period of five years. However, the need for completion of the Project within the period of five years was also brought to the notice of the State Governments from time to time so that the much needed delivery of services to the slum population of these cities could take place earlier than the period of seven years agreed with the World Bank.

While the objectives relating to delivery of services in the slum areas of the four cities were more or less achieved, the delay in the civil works on account of non-availability of proper sites in the cities especially in the slum areas and the need for clearance for specific site plans and drawings from the World Bank was the main reason for the slow pace of expenditure under the Project. Since the period as per the agreement is seven years, the EFC/CCEA is now being approached for extension of the Project only for the remaining two years as per the agreement with the World Bank.

2. The mid-term review findings (Annexure II of the EFC Memo) reveal that there has been

2. The Calcutta Project authorities have clarified that the baseline data of 82%

decline in ante-natal coverage in Calcutta by 3 per cent and immunization coverage by 6 per cent and contraceptive coverage by 15 per cent in Hyderabad City even after implementation of the project for 5 years. It shows that the project has not been able to achieve its objective in respect of these areas. The reasons for decline in these parameters need to be looked into and corrective action taken in the matter.

Antenatal Coverage is the total of 1st, 2nd, 3rd or more check ups. Actually, according to norms i.e. 3 check ups per pregnancy being the performance criteria, it should be 47% as identified in the base line by the Indian Statistical Institute in their Mid-term Evaluation and 79% during May-June 1998.

As such the Antenatal Coverage as per performance criteria from 47% to 79% may be considered to be encouraging. While the reasons for decline in the parameters of contraceptive prevalence in Hyderabad would be looked into, it may be noted that the contraceptive prevalence has gone up from 40 to 57 per cent in Bangalore, from 47 to 63 per cent in Calcutta and from 33 to 45 per cent in Delhi. Even in Hyderabad, there were improvements in areas like ante-natal coverage, institutional deliveries etc.

3. It has been stated that extension of the project to the new cities will be largely on the lines of respective IPP-VIII Projects in the four cities. IPP-VIII Project initially proposed to run the literacy programmes and creches and provide non formal education to girls. It also proposed to provide female education and to promote the Status of women. Comments of Deptt. of Women and Child Welfare and Deptt. of Education and other concerned Ministries/Departments may also be obtained in the matter.

3. The extension of the Project to the new cities does not cover programmes on literacy, non formal education to girls and creches. The scope of the extension has been limited to only family welfare activities like setting up health facilities in the urban slum areas. The World Bank has also not agreed to the extension of these literacy programmes and creches. The comments of the Department of Women and Child Welfare and Department of Education are, therefore, not required on the EFC Memorandum.

4. Since the project is proposed to be extended on the lines of IPP-VIII project, the following decisions taken by the EFC in respect of IPP-VIII project become relevant for extension of project to the new cities also:

(4)

(i) As far as possible voluntary workers will be engaged through voluntary agencies rather than directly by the State Govt./Corporations while making such recruitments.

(i) In the extended Project, no Voluntary workers are being engaged, except in West Bengal where honorary health workers would be engaged by the Municipalities and will be paid honorarium.

- | | |
|---|--|
| <p>(ii) Honarium given to voluntary workers under the project should be restricted to the amount being paid to Anganwadi workers under ICDS Scheme of Deptt. of Women & Child Development.</p> | <p>(ii) The honorarium for voluntary workers under the Project has already been restricted to the amount being paid to the anganwadi workers.</p> |
| <p>(iii) The question regarding utilising the services of Anganwadi workers for IPP-VIII Project to the extent possible will be kept in view by the respective Corporation/Authorities.</p> | <p>(iii) Wherever necessary, the services of the anganwadi workers are being utilised by the respective Municipal authorities.</p> |
| <p>(iv) The requirement of posts for project management by the State Govt. will be looked into again by the State Governments in consultation with the JS(FA), Ministry of Health & Family Welfare.</p> | <p>(iv) The view of the Department of Family Welfare is that since the posts are proposed to be created only in the States and no Central level posts are involved, the question of creation of posts in the State may be considered by the State Governments involving their own Finance Departments.</p> |
| <p>(v) Possibility of reducing the construction cost without hampering the project activities may be looked into by the State Government in consultation with the JS(FA), Ministry of Health & F.W.</p> | <p>(v) The construction costs have been estimated on the basis of the State PWD rates and have already been scrutinised by the World Bank Architect. The possibility of further reduction in the cost would be explored from time to time after the Project has been approved and the construction activities are under way.</p> |

It may kindly be ensured that the above mentioned decisions of the EFC are adhered to for extension of project to the new areas.

5. It may kindly be indicated whether scale of honorarium suggested for different categories of posts for logistic project in U.P. and Tamilnadu are as per the State Government Scales. If no, the same may be brought at par with the State scales.

5. The honorarium recommended for different categories of posts for logistic projects in UP and Tamilnadu are as per the recommendations of the Consultants engaged for the purpose. These rates are not very high as can be seen from the amounts indicated and are required to attract the right type of persons required to implement the logistic projects. It is also not intended that the remuneration should be on par with the State Governments.

6. It is observed from Annexure- IV of EFC

6. The Annex IV of EFC Memo gives

Memo that the cost originally sanctioned for different cities is also proposed to be revised upward for existing activities. Looking at the pace of utilising of funds by different States, the justifications for the increased amount for the existing cities need to be given.

details of the additional requirements for the ongoing activities. Most of the increases are in respect of civil works and procurement which are largely due to price escalation. Estimates of civil works are based on the 1991-92 PWD rates and it is natural that with further increases in the cost of building materials and increase in labour cost, the expenses for civil works have substantially increased and this accounts for most of the additional amount required for ongoing activities. The outlays for each of the cities are already indicated in Annex IV under the column price escalation.

7. A \$ 320 Million project is under implementation in U.P. with USAID assistance. It may kindly be ensured that logistic support is not included in the said Project.

7. The logistic support for UP is not included in the USAID Project.

8. The Planning Commission has recently intimated a Cabinet decision that the responsibility needs to be fixed in the case of projects which has cost and time over runs before it is submitted to the CCEA for approval. This decision has been intimated to all Joint Secretaries in this Ministry. In the proposal under consideration, it is observed that there has been time as well as cost over-runs and hence necessary action for fixing the responsibility for this has to be carried out through the procedure outlined by the Planning Commission, before the CCEA approval is sought for this project

8. The question of fixing of responsibility for cost over-run and time over-run will be looked into by the Standing Committee to be constituted in the ministry of Health & Family Welfare. It may, however, be added that out of the additional outlay of Rs. 198.64 crores being sought under the Project, Rs. 150.36 crores is for covering the additional cities and States (for logistic projects) and only the remaining Rs. 48.28 crores are proposed for the existing cities out of which the outlay required for meeting cost escalation, cost over-runs is only Rs.27.61 crores. The proposal is also mainly made to ensure the full utilisation of committed IDA assistance for the PP-VIII Project.

9. The proposal involves creation of large number of posts (1289 regular posts and 721 part time posts apart from a few posts of Consultants). This needs to be projected with full details and justification to the Establishment Division of Department of Expenditure, as per instructions sufficiently in advance of the EFC meeting.

9. As indicated earlier, The view of the Department of Family Welfare is that, since the posts are proposed to be created only in the States and no Central level posts are involved, the question of creation of posts in the States may be considered by the State Governments involving their own Finance Department. The posts meant for the Health facilities are the minimum required to effect the delivery of quality services.

10. A firm commitment from the State

10. The commitments from Governments

Government of West Bengal, Karnataka, Andhra Pradesh and Delhi to meet the recurring liability of the project as well as 10 per cent of enhanced project cost may be obtained.

11. The reasons for large accumulation of un-utilised balance (Rs. 83.25 crores as on 1.6.98) with the States under the project may be explained.

12. The EFC Memo cites a number of reasons for the unsatisfactory performance of the IPP-VIII Project. The main reason why Project funds have been so inadequately utilised appears to be difficulties relating to civil works. Obviously, this suggests poor planning and coordination between the State Governments and the various local authorities concerned. Now, that it is proposed to extend the Project to a very large number of Municipal towns, we would like to know what steps have been taken to ensure that the delays which have been dogged the present phase of the Project do not recur.

13. It is likely that the Expenditure Finance Committee would like to go into the reasons for poor utilisation of funds so far and the State-wise position in respect of building sites, architectural drawings, procurement plans etc. should be clearly brought out. The EFC will have to be properly convinced that the second phase of the Project has been better planned and that some lessons have been learnt from the first phase.

14. A copy of the Mid-term evaluation report

of Andhra Pradesh, Karnataka and West Bengal for meeting the recurring liability and 10 per cent of the enhanced project cost have already been received. The Municipal Corporation of Delhi is processing for the commitment of Govt. of Delhi and this is expected to be received soon.

11. The releases in the earlier four years to the States for implementation of IPP-VIII Project were based on the Action Plans prepared by the Project authorities and also keeping in view the overall outlays agreed for the projects. It may also be added that the implementation of the earlier Area Projects has suffered due to inadequate releases from the Govt. of India and in the absence of adequate budgetary provisions. However, after it became clear that the funds are not being utilised as planned, this Department stopped further release of money. No money was released during 1997-98 and so far during 1998-99.

12 & 13. Keeping in view the difficulties relating to civil works, the steps have been taken to expedite the civil works in the new cities. These include selection of sites in advance, preparation of site specific plans, architectural drawings and estimates engaging the construction agency and obtaining the clearances of the World Bank etc. for the buildings proposed to be set up. With most of the activities which contributed to the delay earlier already undertaken, it is expected that it will be possible to complete all the civil works envisaged well within the project period. The State Governments have already forwarded site plans for almost all the buildings proposed under the Project for the clearance of the World Bank. The States have also finalised fund flow and staff selection procedures, procurement arrangements and have set up committees for regular monitoring. Besides the existing project management unit enriched by the experience gained will be coordinating the procurements for the additional cities as well.

14. The Bank has only prepared a summary

prepared by the World Bank and made from the reports relating to the individual cities. A detailed report will be shared with IFD when ready.

IPP-VIII CONSOLIDATED COST VARIANCE ANALYSIS

• (Rs. in lakhs)

[illegible]

1

**Government of West Bengal
Department of Municipal Affairs**

No.

Dated,

ORDER

The undersigned is directed to say that ten additional towns as noted in the margin outside the Calcutta Metropolitan Area, have been selected by the World Bank for strengthening Reproductive and Child Health facilities in identified low-income areas under (extended) IPP-VIII.

- | |
|---|
| <ol style="list-style-type: none">1. Alipurduar2. Balurghat3. Bardhaman4. Darjeeling5. Durgapur6. English Bazar7. Jalpaiguri8. Kharagpur9. Raiganj10. Siliguri |
|---|

The main objectives of the Project would be:

to reduce fertility among slum populations; and to improve maternal and child health by reducing maternal and infant morbidity and mortality rates among slum populations. The impact on target groups will also be measured in terms of: (a) number of institutional births vis-à-vis home deliveries, (b) immunisation rates, (c) effective couple protection rates, (d) nutrition awareness levels of target group members and (e) health and hygiene standards of Beneficiary families.

2. Services would be provided through a three- tier system consisting of : (1) Sub-health Posts providing basic maternal and child health services, (2) Health Posts providing supervision and guidance to the Sub-health Posts, and (3) Maternity Homes with Out Patient Departments for essential obstetrics , paediatric care and general medicine services. Honorary Health Workers (HHW), (1 per 750 to 1000 population) will be available at the community level, to promote health, nutrition, hygiene and sanitation awareness and for reaching the above services (job description of HHWs, are given in **Annexure – I**) at the doorstep of the beneficiaries.
3. The HHWs will be selected from among the middle aged (35-45 years) women, who are residents of the concerned localities, and have studied atleast upto Class VIII level, with preference to members of beneficiary families, and having motivation/ experience of rendering social services.

4. Selection of the Honorary Health Workers (HHWs) will be done by the Local Co-ordination Committee constituted at the level of each Municipality/ Municipal Corporation with the following persons:

- | | |
|--|-------------------|
| 1. Mayor/Chairperson, Municipal Corporation/ Municipality | - Chairman |
| 2. One Woman Councillor | - Member |
| 3. MMIC/ Member Chairman in Council/ Councillor in charge (Urban Poverty Eradication Cell) | - Member |
| 4. Project Director | - Member Convenor |
| 5. Project Officer, SJSRY | - Member |
| 6. Health Officer of the ULB | - Member |
| 7. Executive Officer of the ULB | - Member |
| 8. One member nominated by Project Coordinator | - Member |
| 9. A representative of District Magistrate | - Member |
| 10. A representative of CMOH | - Member |
| 11. Local Executive Engineer, MED | - Member |

These committees should be constituted immediately.

Member-Convenor in consultation with Chairman, will form a 4 or 5 member Selection Committee for preliminary selection of HHWs. Project Director and/or Health Officer or Executive Officer of the Municipality should be a member of this Selection Committee. The Selection Committee will put up the list of tentatively selected candidates in the meeting of LCC for approval.

5. The Local Co-ordination Committee will be responsible for identification of beneficiaries for this Programme in different areas. The norms followed for identifications of slum population below the Poverty followed in 'SJSRY' will apply for identification of the target group. The total beneficiary population will be split up into Blocks (operational area of a HHW) comprising of 750 to 1000 population (approx.). The norms on formation of Block, Sub HP and HP are given in **Annexure - II**.

6. Civil construction will be done by Municipal Engineering Directorate on deposit-work basis. Funds for this purpose will be placed at the disposal of the Chief Engineer, M. E. Directorate by SUDA. Encumbrance-free suitable lands for such constructions will have to be made ready by the 15th July, 1998. Particulars of such lands should also be made over to the Chief Engineer, MED by that date positively.

7. Procurement of the following articles will be made by the Authorities mentioned against each , after observing necessary formalities :

Name of the article	Name of the Authority
Ambulance Vans/Vehicles	S U D A
Drugs & M.S.R. including Composite Allopathic Drugs packets for HHW Equipments	
Office furniture,	
	U L B / S U D A

8. Training activities of HHWs and other categories of project personnel will be arranged in terms of training modules developed by CMDA in IPP – VIII. CMDA will also extend support in imparting training to selected trainers in each of the 10 ULBs, who in their turn would impart training to the HHWs and others. Such key trainers at each ULB will have to be identified by the ULBs from among the Health Officer, Medical Officer, Public Health Nurse, Sanitary Inspector, Councillor-in-charge, Poverty Eradication Cell; Engineers etc. Names and particulars of such identified persons may be sent to the Project Officer (Health), SUDA, by 30TH July, 1998, at the latest.

9. Appointment orders of Project Directors at all the ten towns have been issued. Project Directors are advised to set up their offices immediately.

10. The posts of Asst. H.O. (1), Medical Supervisor (1), Public Health Nurse (1), Accountant (1) and Typist-cum-clerk (1) at each ULB level are required to be filled up immediately. Efforts should be made to appoint retired State Govt. or Central Govt. Officials having appropriate qualifications and experiences, on contract basis, against these posts. Project Director in consultation with the Chairperson of the ULB, may also ask one of the existing officials of the ULB to perform the duties of Accountant or Typist-cum-clerk temporarily. Preliminary selection of these officials may be done by a Selection Committee consisting of Chairperson P.D. and a representative of the Project Coordinator and the recommendation of this Committee should be placed before the LCC for ratification. Separate instructions on selection of personnel for running the Health Posts, Sub-health Posts and Maternity Homes with OPD would follow.

11. Project Director in consultation with the Chairperson of ULB should immediately take up the job of identification of available premises for setting up Health Posts, Sub-health Posts and Maternity Homes temporarily.

Sd/- A. M. Chakrabarti
Secretary, M. A. Department
&
Project Coordinator

Job description of HHWs

1. To establish rapport with the beneficiaries in her respective Block.
2. To generate awareness on health, nutrition, family welfare methods, hygiene and sanitation.
3. To keep close contact with RCVs and Community Organisers of SJSRY in the area.
4. To treat minor ailments.
5. To undertake surveillance of communicable diseases and take preventive measures.
6. To arrange for prophylactic immunization for mothers and children.
7. To collect information on mothers and children health.
8. To distribute contraceptives (Nirodh, OCP), Vit. A, Iron & Folic Acid tablets.
9. To assist patients in getting medical attention / referrals/ specialist care promptly.
10. To monitor growth and development of children below the age of 5 years.
11. To facilitate community participation and its empowerment in planning, implementing and addressing the services; and future sustenance of the services generated.

Key Notes For Formation of Blocks, Sub-Health Posts and Health Posts

1. **Drawing of Map of Municipality :-**

The outline map of the Municipality/Municipal Corporation indicating the principal roads, rivers and boundaries may be drawn. The wards should be clearly demarcated, if possible, by using different shades of colour.

2. **Marking the Block in the wards :-**

Each Block with 750 to 1000 population should be separately shown in the map and assigned a number in the following way

example : Suppose Ward No. X has 2250 beneficiaries, the proposed Block numbers to be assigned will be $\frac{X}{1}, \frac{X}{2}, \frac{X}{3}$

3. Assigning numbers to incomplete Blocks for fraction of population remaining after the exercise of formulation of complete blocks is over :

(a) When the remainder is 375 or more a separate Block number in that particular ward should be assigned .

(b) When the remainder is less than 375 no separate Block number is to be assigned in that ward. This remainder may be distributed among the Blocks in adjacent wards.

4. The Blocks will be differentiated by boundaries, marked with different colours.

5. One Sub-Health Post should cover 3750 to 4250 beneficiaries. The location of the sub-centre should be shown in the Map and identified as 1/X, 2/X, 3/X, etc. where X is the ward number. All the Sub-Health Posts for every ward should be shown in the Map.

6. Location of the Health posts should be shown in the Map. The HP should be designated as HP/1, HP/2, etc.

7. Location of the Health posts should be shown in the Map. The HPs should be Designated as HP/1, HP/2 etc.

No.

Dated,

Copy forwarded for information & necessary action to : -

1. The Mayor/Chairman..... Municipal Corporation/Municipality.
2. The District Magistrate,
3. Shri, Project Director
4. The Secretary, C M D A & Project Coordinator, IPP VIII
5. Director & Chief Executive, SUDA
6. The Advisor, Health, C M D A / SUDA
7. The Project Officer (Health), SUDA
8. Chief Engineer, ME Directorate
9. Shri J. K. Chakrabarti, Joint Director,ILGUS.

Special Secretary
Municipal Affairs Department

आई.पि.पि.-८ (एक्सटेनसन)/आर.सी.एच. खड़गपुर परिवार भित्तिक प्रारम्भिक स्वास्थ्य समीक्षा

समीक्षा की तारिख

- १। ब्लक का साधारण परिचय : एच.ए.यू वार्ड नं०
- १.१। गृहकर्ता का नाम
- १.२। ठिकाना
- १.३। धर्म : हिन्दु / मुसलमान / ख्रिष्टान / आदि
- १.४। गृहकर्ता का पेशा
- १.५। परिवार का मासिक आय
- १.६। जनसंख्या : पुरुष नारी कुल
- १.७। जनसंख्या का उम्र भित्ति की श्रेणी बिनास :

	उम्र (पूर्ण वर्ष)							
पू:								
स्त्री								

- १.८। ६-१४ वर्ष के कितना जन स्कूल में जाते हैं : लड़का लड़की

२। निरापद मातृत्व और जन्म का परिसंख्यान (पिछले १२ महीने का हिसाब) :

- २.१। जन्म (जीवित शिशु) हस्पताल में घर में ग्र अ
- २.२। जन्म वजन २.५ कि०ग्रा० नीचे नवजात का संख्या
- २.३। किस गर्भ का सन्तान १ २ ३ ३+
- २.४। जन्मदान का समय माता की उम्र -२० वर्ष के निचे २० वर्ष से बेशी
- २.५। गर्भा अवस्था में मातृमंगल केन्द्र में जाती थी की नहीं ? हां / ना
यदि हां हो, तो, ३ बार से बेशी ३ बार से कम
- २.६। जिस मां के सन्तान का उम्र १ वर्ष के निचे, उन लोग टि.टि लिया कि नहीं ? १ डोज / २ डोज / बुष्टार
- २.७। क्लिफार के टेबलेट खाए कि नहीं ?
- २.८। गर्भ संक्रन्त जटिलता हुआ था कि नहीं ?

यदि हां हो तो किस प्रकार कि समस्या - रक्त साव / खुब बेशी रक्ताल्पता / पांच फूला व वजन बड़ा / रक्तचाप बेशी / खिचुनी / २४ घन्टा या उससे बेशी समय बच्चा ना हिलना / आदि ।

- २.९। जटिलता के कारण हस्पताल में भेजे थे कि नहीं ? हां ना
 २.१०। प्रसव के समय जटिलता हुआ था कि नहीं ? हां ना

अगर हां हो तो किस प्रकार की जटिलता (क)

(ख)

(ग)

- २.११। प्रसव के समय जटिलता के लिए हस्पताल में भेजे थे कि नहीं ? हां ना

३। मृत्यु का परिसंख्यान (पिछले १२ महीने का हिसाब)

- ३.१। शिशु के मृत्यु (१ वर्ष के निचे) संख्या - पू बी

कारण —

- ३.२। १ - ५ वर्ष के शिशु के मृत्यु की संख्या - पू बी

कारण —

- ३.३। ५ वर्ष या उसके उपर मृत्यु की संख्या पू बी

कारण —

- ३.४। प्रसूति मृत्यु का (प्रसवजनित कारण) संख्या

कारण —

- ३.५। मृत्यु प्रसव का संख्या

४। शिशु सुरक्षा का परिसंख्यान :

- ४.१। रोग प्रतिषेधक टिका दान (१२ मास से २३ मास उम्र के शिशु के लिए)

वि.सि.जि डि.पि.टि (३डोज) पोलिओ (३डोज) मिजिल्स

- ४.२। शेष दो जात जीवित शिशु के जन्म का अन्तर (पिछले १२ महीना का जात एवं एक से अधिक गर्भजात शिशु के लिये) :

१-२ साल २-३ साल ३ साल के उपर

- ४.३। ५ साल के अन्दर कोई बच्चा रतौनी रोग से भोगा था कि नहीं ? हां ना

- ४.४। ५ साल के अन्दर बच्चा के लिये दूठे प्रतिरोध योग्य रोग के आक्रमण का परिसंख्या (पिछले १ वर्ष में) टि.वि

डिफ्थेरिया धनुष्टंका २८ दिन तक शिशु का २९ दिन एवं उससे अधिक उम्र बच्चे था हुपिंग खासी पोलिओ - माईयेलाईटिस

हाम ।

५। प्रजननशील दम्पतिर (१५-४४) परिसंख्यान :

- ५.१। विवाह के समय बी का उम्र १८ वर्ष कम १८ वर्ष से अधिक

- ५.२। प्रजननशील दम्पति का जीवित सन्तान का संख्या : क ख ग

५.३। गर्भवती महिला का संख्या (समीक्षा दिन पे)

गर्भवती नारी का उम्र २० वर्ष के अन्दर गर्भवती नारी का उम्र २० वर्ष व उससे अधिक

५.४। गर्भवती नारी रक्ताल्पता में भोग रहे थि नहीं ? हां ना

५.५। गर्भपद्धती ग्रहण :

स्थायी पद्धती : भैसेक्टमी टियुक्कटमी

सामयिक पद्धती : आई.यु.डि. गोलियां निरोध

५.६। स्थायी पद्धती के ग्रहण के समय महिला के उम्र कितना था ?

५.७। स्थायी पद्धती ग्रहण के समय प्रजननशील दम्पति के कितने जीवित बच्चा था ? लड़का लड़कि

५.८। यदि कोई भी पद्धती ग्रहण नहीं किया तो उसका कारण क्या था ?

पद्धति ग्रहण करने का ईच्छा है ईच्छ नहीं । यदि ईच्छा हो तो व्यवहार न करने का कारण —

(क)

(ख)

(ग)

यदि ईच्छा हो तो आप कोन सी पद्धती ग्रहण करेंगे ?

टियुक्कटमी गोलियां

६। प्रजननतन्त्र संक्रामन का परिसंख्यान (केवल मात्र प्रजननशील दम्पति के लिये)

६.१। महिलायें निचे का उल्लेखित समस्या में भोगते हैं कि नहीं ?

साव योनांग में घाव तलपेट में दर्द

६.२। पुरुष निचे का उल्लेखित समस्या में भोगते हैं कि नहीं ?

मूत्रनाली पथ पर साव योनांग में घाव कुचकी में/अण्डकोष फुलना

७। पिछले एक साल में संक्रामक रोग आक्रमण का संख्या :

मेलेरिया टिचि कुष्ठ आन्तरिक

(५ वर्ष के अन्दर शिशु ५ वर्ष से अधिक))

नियुमोनिया (५ वर्ष के अन्दर शिशु)

स्वेच्छासेवी स्वास्थ्य कर्मी का नाम / हस्ताक्षर

प्रति साक्षर

आई.पि.पि.-८ (एक्सटेनसन)/आर.सी.एच. खड़गपुर परिवार भित्तिक प्रारम्भिक स्वास्थ्य समीक्षा

समीक्षा की तारीख

- १। ब्लक का माध्यागण परिचय : एच.ए.यू वाई नं०
- १.१। गृहकर्ता का नाम
- १.२। ठिकाना
- १.३। धर्म : हिन्दु / मुसलमान / ख्रिष्टान / आदि
- १.४। गृहकर्ता का पेशा
- १.५। परिवार का मासिक आय
- १.६। जनसंख्या : पुरुष नारी कुल
- १.७। जनसंख्या का उग्र भित्तीक श्रेणी बिनास :

	उग्र (पूर्ण वर्ष)							
पू:								
स्त्री								

- १.८। ६-१४ वर्ष के कितना जन स्कूल में जाते हैं : लड़का लड़की

२। निरापद मातृत्व और जन्म का परिसंख्यान (पिछले १२ महीने का हिसाब) :

- २.१। जन्म (जीवित शिशु) हस्पताल में घर में प्र अ
- २.२। जन्म वजन २.५ कि०ग्रा० नीचे नवजात का संख्या
- २.३। किस गर्भ का सन्तान १ २ ३ ३+
- २.४। जन्मदान का समय माता की उग्र -२० वर्ष के निचे २० वर्ष से बेशी
- २.५। गर्भा अवस्था में मातृमंगल केन्द्र में जाती थि की नहीं ? हां / ना
यदि हां हो, तो, ३ बार से बेशी ३ बार से कम
- २.६। जिस मां के सन्तान का उग्र १ वर्ष के निचे, उन लोग टि.टि लिया कि नहीं ? १ डोज / २ डोज / बुष्टार
- २.७। फलिफार के टेबलेट खाए कि नहीं ?
- २.८। गर्भ संक्रन्त जटिलता हुआ था कि नहीं ?

यदि हां हो तो किस प्रकार कि समस्या - रक्त साव / खुब बेशी रक्ताल्पता / पांव फूला व वजन बड़ा / रक्तचाप बेशी /
खिचुनी / २४ घन्टा या उससे बेशी समय बच्चा ना हिलना / आदि ।